DOCUMENT RESUME

ED 430 715 PS 027 667

TITLE	Maine Kids Count 1999 Data Book.
INSTITUTION	Maine Children's Alliance, Augusta.
SPONS AGENCY	Annie E. Casey Foundation, Baltimore, MD.
PUB DATE	1999-00-00
NOTE	82p.; For 1998 Data Book, see ED 424 930.
AVAILABLE FROM	Maine Children's Alliance, P.O. Box 2446, Augusta, ME 04338; Tel: 207-623-1868; Fax: 207-626-3302; e-mail: MAINEKIDS1@aol.com; Web site: http://www.mekids.org ($10).
PUB TYPE	Numerical/Quantitative Data (110) -- Reports - Descriptive (141)
EDRS PRICE	MF01/PC04 Plus Postage.
DESCRIPTORS	Academic Achievement; Births to Single Women; Child Abuse; *Child Health; Child Neglect; Child Welfare; *Children; Counties; Employed Parents; Employed Women; Family Environment; *Health Insurance; Mental Health; One Parent Family; Poverty; *Social Indicators; Tables (Data); Welfare Recipients; *Well Being
IDENTIFIERS	*Indicators; *Maine

ABSTRACT

This Kids Count Report details statewide trends in the well-being of Maine's children, with particular focus on child health care access. The statistical portrait is based on a variety of indicators in five areas: (1) child health care access; (2) physical and mental health; (3) community and family environment; (4) social and economic opportunity; and (5) education and learning. Following the data for these areas, the report presents state level trend data, a Maine state profile, county-by-county profiles, 1990 census data, and definitions and sources of data. The report notes that while a brighter economy and tightened eligibility requirements have decreased welfare roles, families getting off welfare may simply be swelling the ranks of the working poor, as evidenced in the increase in numbers of children receiving subsidized school lunches and the decline in jobs paying a livable wage. In addition, the state has seen an increase in child abuse cases, children placed in the care of the state, and in substance abuse. Infant mortality and teen pregnancies are declining. With regard to access to child health care, the report shows that the state still has at least 1 in 10 children without health insurance coverage, that these children are more at risk of poor health consequences than are low-income but privately-insured children, and that free and low cost health insurance for children is available through the State Children's Health Insurance Program. (HTH)

****
* Reproductions supplied by EDRS are the best that can be made *
* from the original document. *
****

ED 430 715

Maine Kids Count

U.S. DEPARTMENT OF EDUCATION
Office of Educational Research and Improvement
EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)
X This document has been reproduced as received from the person or organization originating it.
☐ Minor changes have been made to improve reproduction quality.
• Points of view or opinions stated in this document do not necessarily represent official OERI position or policy.

1999

Data Book

Child Health Care Access

kids count

PS 027667

PERMISSION TO REPRODUCE AND DISSEMINATE THIS MATERIAL HAS BEEN GRANTED BY
Elinor Goldberg
TO THE EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)
1

BEST COPY AVAILABLE

Maine Children's Alliance Board of Directors

Michael Carpenter
Gail Chase
Dana F. Connors
Dean Crocker
Nancy DeSisto
Gloria Dugan
Michael J. Fiori
Cliff Fletcher
Judith Lucarelli
Mary Majorowicz
Dale McCormick
Marge Medd
Barbara Reinertsen
Neil Rolde
Jack Rosser
Cheryl Lee Rust
Peggy Schaffer
Sydney Sewall
John Shoos
Pete Thibodeau
Richard Warren

Maine Children's Alliance Staff

Elinor Goldberg
Ann Woloson
Michele Grant
Cathy Dowling

Maine Health Information Center Staff

Nancy Mooney
Karl Finison

Front cover photo:
Dr. Robert Holmberg, *Rural Pediatrician*
Photo by Ann Woloson

Back cover drawing by
Alex Titcomb,
Sherwood Heights School, Auburn

Design: Katie Murphy/Univoice
Printing: Crossweb

Maine KIDS COUNT Committee

Norman Anderson
American Lung Association of Maine

Jane Connors
Maine Department of Human Services, Bureau of Medical Services

Barbara Crowley, M.D.
Kennebec Pediatrics

Francis Finnegan Jr.
Maine Department of Human Services, Bureau of Medical Services

Lynda G. Gaillard
The Spurwink School

Judy Graham Colburn, PhD
Cooperative Extension Program, University of Maine

Laurel Graves
Maine Department of Mental Health, Mental Retardation, and Substance Abuse Services

Roxy Hennings
Maine Department of Corrections

Kristina Lunner
Maine Medical Association

Debbie Mattson, MSW
Mediation and Facilitation Resources

Mark Millar
Casey Family Services

Lisa Miller, MPH
The Bingham Program

Carol Morris
Blue Cross and Blue Shield of Maine

Barbara Reinertsen
United Way of Mid Coast Maine

Burtt Richardson, MD
Healthy Futures, Winthrop Pediatrics

Gladys Richardson
Healthy Futures, Winthrop Pediatrics

Patricia Riley
National Academy for State Health Policy

Rose Alma Senatore
Community Health and Counseling Services

Norma Jean Senechal
Migrant Education Office, Harrington,

Dianne Stetson
Maine Department of Human Services, Office of Child Care and Head Start

Meredith Tipton, PhD
Blue Cross and Blue Shield of Maine

Fredericka Wolman, MD
Maine Department of Human Services, Bureau of Health

KIDS COUNT Data Subcommittee

Joyce Benson
State Planning Office

Timothy Clifford, MD
Maine Department of Human Services, Bureau of Medical Services

Brenda Corkum
Maine Department of Human Services, Office of Data, Research and Vital Statistics

Sue Dustin
Maine Department of Human Services, Bureau of Family Independence

Judy Feinstein
Maine Department of Human Services, Division of Community and Family Health

Lynda G. Gaillard
The Spurwink School

Robert Gross
Maine Department of Human Services, Division of Community and Family Health

DeEtte Hall
Maine Department of Human Services, Division of Community and Family Health

Michael Hughes
Department of Corrections

John Kierstead
Maine Department of Education, Division of Special Services

Shannon King
Maine Department of Human Services Bureau of Health

Lita Klavins
Maine Department of Mental Health, Mental Retardation, and Substance Abuse Services

Michael A. Martin
Maine Department of Human Services, Childhood Injury Prevention Program

Al Prysumska
Maine Health Data Organization

BEST COPY AVAILABLE

Maine Kids Count

Frannie Wheeler-Berta

Maine KIDS COUNT is a project to collect and analyze data on the well-being of children in Maine. Produced in collaboration with the Maine Health Information Center, Maine KIDS COUNT provides the most comprehensive resource available today of outcomes for Maine children. Major funding for the project is provided by the Annie E. Casey Foundation as part of a national and state-by-state effort to track the status of children in the United States. Additional funders for KIDS COUNT and the Child Health Care Access Project include the Bingham Program, Jessie B. Cox Charitable Trusts and the Maine Community Foundation.

As we refine our data collection efforts and focus on specific issues, it is critical that indicators measure outcomes for children, not merely efforts made on their behalf. It continues to be important that, to the extent possible, each indicator meet several criteria: it must be reliable and consistent over time; it must reflect a salient outcome or measure of well-being in terms that are easily understandable; and it should be available on an annual basis.

Goals of Maine KIDS COUNT

The overall goal of Maine KIDS COUNT is to ensure that Maine's children thrive and become successful adults who are able to participate fully in Maine's social and economic environments. The project has identified certain desirable outcomes to measure Maine's progress in reaching this goal:

- Fewer Maine children will live in poverty;
- Children and youth will have improved access to health care and will be healthier;
- Children will enter school ready to learn;
- Family violence will be reduced;
- Teens will have more hope and purpose in their lives;
- The community will share the responsibility of raising children.

These outcomes shape the Maine KIDS COUNT project. By working towards them, we will ultimately create a Maine environment conducive to raising happy, healthy children ready to reach their full potential as adults.

Permission to copy, disseminate, or otherwise use information from this Data Book is granted as long as appropriate acknowledgement is given To obtain additional copies of this publication, use the form in the back of this book or contact

Maine Children's Alliance
PO Box 2446 · Augusta, Maine 04338(207) 623-1868 · (207) 626-3302/fax
MAINEKIDS1@aol.com · www.Mekids.org

4

Introduction

Ann Woloson

The approach of a new millennium is cause for each of us to focus on the future of our state in a new century. Whether we view that future with hope or with anxiety depends on how well we believe our children, the future citizenry of our state, are faring. For those concerned about the well being of our youngest citizens, our view of the next century also depends on a stronger resolve in our state to better address the needs of our children. Here, there is certainly cause for hope. Spurred by new discoveries about the importance of the early years for the development of cognitive and social skills, and propelled by a greater understanding of the repercussions for all of us of neglecting our children's needs, Maine seems to be making significant progress.

A task force established to look at the implications of the new brain research for Maine's children has recommended a package of reforms that address the need for enriching the home environment of children by supporting parents in their child rearing responsibilities. In an alliance unique to Maine, this task force has joined forces with a greatly strengthened organization of child care providers and advocates called ACCESS to promote a comprehensive and coordinated approach to better serving the child both at home and in the child care setting. An effort is underway to educate the public at large about the importance of addressing the needs of children during the most critical stages of brain growth.

Lastly, the state is in the process of implementing a major health insurance expansion which will extend health care access to 15,000 previously uninsured children. Efforts are underway to push for co tinued expansion of health care coverage to additional children and families. Providing quality health care for parents is a critical step toward ensuring that they stay healthy emotionally and physically so that they can nurture their children.

This is our fifth data book providing information about the status of Maine's children. We hope that the availability of this data, collected in one document and published annually over the past four years, has contributed to the education of Mainers about the needs of children and has been part of the motivation for investing more resources in our youngest citizens. In these books, we have focused not on the programs designed to address children's needs but on the critical indicators of how children are faring – these outcomes allow us to measure how well our efforts have been in improving the lives of Maine's children.

This year, our data highlight areas of continued concern. While a brighter economy and tightening elegibility requirements have caused welfare rolls to decline, there is evidence in the increases in the numbers of children getting subsidized school lunches, and the decline in jobs paying a livable wage, that families getting off welfare may simply be swelling the ranks of the working poor.

Partly as a result of the challenges of poverty, there is evidence that more and more Maine families are under stress and need help. Between 1996 and 1997, the number of children who were found to be victims of child abuse and neglect increased by 23%. There was an equally dramatic increase in the number of children placed in the state's care or custody because they were found either to be in jeopardy or because their parents voluntarily placed them until they could resume responsibility for their care.

Substance abuse continues to be a serious problem among our youth. This year's most dramatic evidence: a near doubling of the number of OUI arrests of drivers under 21.

We haven't done enough to reward young people who stay in high school by providing the encouragement and resources to enable them to continue their education. While we continue to have one of the lowest high school drop out rates in the nation, the proportion of Maine's high school graduates who plan to go on to post-secondary school is still below the national average.

As this information suggests, there is still much more to do. In our last two data books we emphasized the issues of access to health care and we will continue to report on those indicators. In future data books, we will try to identify and refine child development indicators that measure child well-being at younger ages, particularly as they relate to the readiness of children for elementary school. We will try to develop methods to track those benchmarks of brain development identified in the new research to identify how well our youngest children are doing. With the critically important efforts of ACCESS and the state to collect better data on child care, we will also be able to comprehensively examine the status of our early care and education system in order to assess how well it meets the needs of children as they are newly defined in the brain development research.

Our efforts continue in an environment of heightened interest to meet the needs of children. This is an exciting and inspiring time. We must remember, however, that at the dawn of a new century, Maine and the nation are enjoying a period of economic strength that is unprecedented. The true test of our efforts and our commitment will come when we must decide where to place our resources when the economy turns downward. If our commitment remains strong, then we will know that the job of fostering an understanding of the common interest we all share in helping our children to become healthy and productive adults will have been well done. If our resolve falters in hard times, we will know that we need to redouble our efforts to convince all Mainers that in a time of scarce resources, the needs of our children must come first. We will continue, through these books as well as through our efforts to bring concerned Maine citizens together in effective alliances, to promote the wise public investments needed to insure a secure future for our children and for our state.

Table of Contents

How to Use This Book 2

Child Health Care Access 4

Physical and Mental Health 14

Community and Family Environment 17

Social and Economic Opportunity 19

Education and Learning 21

State Level Trend Data 23

Maine State Profile 26

County Profiles 28

1990 Census Data 60

Definitions and Sources of Data 62

Index 68

Order Form and Survey Form 69/70

How to Use This Book

To make the best decisions about how to improve the lives of Maine's children, we must first know how to read and interpret the available data. These pages provide an introduction. The data definitions and sources section at the end of the book provides more detailed information about individual indicators.

Changes in Indicators and Data Display

Like its predecessors, this fifth Maine KIDS COUNT Data Book features indicators from a variety of sources. It reiterates a number of indicators from earlier books which have not been updated. For example, the indicator for children aged 0-17 not living with a parent is only counted at the ten-year census. It provides updates to last year's indicators where they were available at press time. Responsible agencies of state government, for example, collect and disseminate data on immunizations, high school dropouts, and teen pregnancy every year.

What is a Year?

We understand that our indicators would be easier to use if they all represented the same years, or at least defined years in the same way. Unfortunately, our data sources can't easily accommodate these needs. Our practice is to include the most recent year available for each indicator. We use multi-year averages for those indicators that tend to vary widely from one year to the next, such as poverty estimates and child deaths. The data definitions and sources section explains how a year is defined for each indicator. A calendar year runs from January 1 to December 31. A school year runs from September of one year to June of the following year and is described in terms of both years. In Maine, a state fiscal year starts on July 1 of one year and ends on June 30 of the next year and is described by the ending year, so that state fiscal year 1998 ended on June 30, 1998.

Percents and Rates

Wherever possible, we present the indicators in this Data Book as percents or rates. These enable comparison between groups of different population size. For example, in Somerset County, 53 babies were born

Alana Burns

with weights below 2,500 grams in 1996, for a rate of 9.0%. In Cumberland County, 177 babies were born with weights below 2500 grams in 1996, yet the rate was a much lower 5.7%.

The generic formula for calculating percents or rates is:

$$\frac{\text{(number of persons or occurrences) X (base rate, e.g. 100 or 1,000)}}{\text{population-at-risk}}$$

What we mean by the population-at-risk is the population that could experience the event described in the indicator. For example, the population-at-risk for school children receiving subsidized school lunches is children enrolled in school. Percents refer to number of persons or occurrences per one hundred of the population-at-risk, and are shown with percent signs throughout this Data Book. Other rates are calculated per 1,000, 10,000, or 100,000 of the population-at-risk. For the most part, we follow commonly-used standards in our use of rates. However, at the county level, we use rate per 10,000 rather than the standard rate per 100,000 for child and teen deaths, teen violent deaths and child and teen suicides, in recognition of the relatively small populations at risk. In all cases, the indicator itself tells the base rate, while the definition in the back of the book tells the population-at-risk used to calculate the rate.

The "county thermometer" pages again include comparisons to the previous year, whenever available and in a comparable format, as well as comparisons to statewide averages. We compare county rates to corresponding state rates using the following formula:

$$\% \text{ difference} = \frac{(\text{county rate-state rate}) \times 100}{\text{state rate}}$$

Similarly, we compare current rates to previous rates using this formula:

$$\% \text{ difference} = \frac{(\text{current rate-previous rate}) \times 100}{\text{previous rate}}$$

Increased rates are generally desirable for the following indicators on the thermometer page:

- Live births for which prenatal care began in the first trimester;
- Pediatricians, family practitioners, and general practitioners;
- General practice dentists; and
- High school graduates planning to attend post-secondary school.

Increased rates are not desirable for these indicators:

- Unemployed persons aged 16 and over;
- Births to unmarried teenaged mothers who have not completed 12 years of school;
- Low birth weight infants;
- Infant mortality;
- Child deaths;
- Teen deaths;
- Teen violent deaths;
- Child and teen suicides;
- Domestic assaults reported to police;
- Arrests of children aged 10-17; and
- High school dropouts.

For the following indicators, the goal generally is to lower the rate by reducing the need for services or programs, not by reducing eligibility:

- Children aged 0-17 on TANF;
- School children receiving subsidized school lunches;
- Children aged 0-17 participating in Medicaid;
- Children under age 18 in Department of Human Services care or custody; and
- Children with special needs as reported to the Department of Education.

Chris Haines

BEST COPY AVAILABLE

Child Health Care Access

MAINE KIDS COUNT: CHILD HEALTH CARE ACCESS

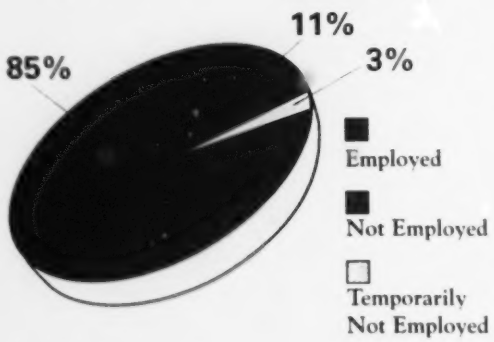
The Maine KIDS COUNT Project was expanded last year to include the Child Health Care Access Project. **The expansion, made possible by the generous support of the Bingham Program, Jessie B. Cox Charitable Trusts and the Maine Community Foundation**, has provided the momentum for activities aimed at significantly improving children's access to quality health care throughout Maine.

The Child Health Care Access Project has provided research and advocacy in the following areas related to improving children's access to health care:

- Medicaid Outreach to promote expanded health insurance coverage for uninsured children in Maine through the State Child Health Insurance Program (SCHIP).
- Creation of the Maine Dental Access Coalition aimed at improving access to dental and oral health care for low-income children and families in Maine.
- Promotion of a "medical home" for all Maine children in an effort to improve access to quality primary health care services through the Rural Health Care Research Initiative.

These initiatives are aimed at significantly improving children's access to health care throughout Maine and are described in further detail throughout the 1999 Maine KIDS COUNT Data Book.

State of Maine Distribution of Uninsured Children by Parents' Employment



Health Insurance Coverage Among Maine's Children

The data continue to tell us that there are too many children, at least one in ten, who lack health insurance coverage.

Health Insurance Coverage Among Maine's Children, The Results of a Household Survey 1997[1] is a report sponsored by the Maine Department of Human Services based on a survey of Maine families with uninsured children. Co-sponsored by Blue Cross and Blue Shield of Maine, the Maine Children's Alliance, the Maine Community Foundation, and Maine Health, the survey was designed to provide estimates regarding health insurance coverage, or the lack thereof, among Maine children. The report indicates that, during October and November 1997, approximately 30,900 children in Maine did not have health insurance coverage. Information released by the Census Bureau and based on a five-year average of Current Population Survey data from 1993 through 1997 suggests that the percentage of children in Maine who did not have health insurance was as high as 12%. The numbers continue to tell us that there are too many children, at least one in ten, who lack health insurance coverage in Maine. These children are more at risk of not receiving the preventive services they need to remain healthy. Many go without necessary health care for an illness until it has progressed and become more serious than it might have, had treatment been sought sooner.

Health Insurance Coverage Among Maine's Children, The Results of a Household Survey 1997 provides significant insight to who uninsured children in Maine are. Key survey findings include:[2]

1. At the time of the survey, approximately 30,900 children in Maine, or 10 percent of Maine children, did not have health insurance coverage.

Most of these children live in families with incomes between 125% and 180% of the federal poverty level. For a family size of three, this translates into an annual income of between approximately $17,063 and $24,570.

2. The vast majority (85 percent) of uninsured children live in families with parent(s) who work.

The survey also reveals that employed adults with uninsured children are more likely to be working in a small and/or family-owned business, or are self-employed. It also

BEST COPY AVAILABLE

reveals that employed adults with uninsured children are more likely to work seasonally or part-time, compared to low-income parents with privately insured children.

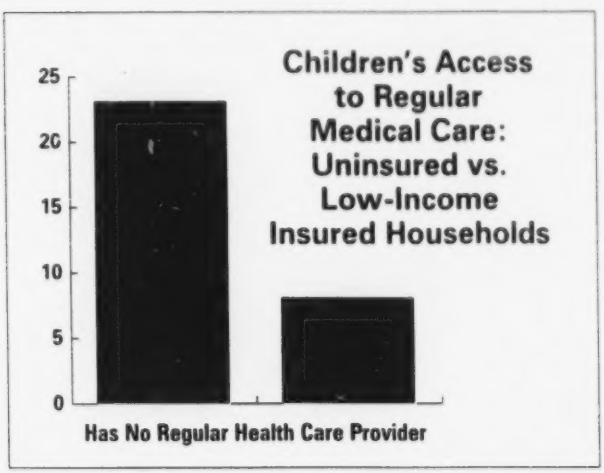
3. Many employed adults with uninsured children work for businesses that offer health insurance benefits, but they are either ineligible or cannot afford the cost.

In families where the head of household has employer-sponsored health insurance but the children are uninsured, 80 percent have employers who offer dependent coverage. Families did not purchase coverage for their children in 93 percent of these situations because it was too expensive.

4. Uninsured children in Maine are more at risk of poor health consequences than low-income, privately-insured children.

The survey confirms that children without health insurance are:

- less likely to have regular health care provider than low-income, privately-insured children;
- less likely to have a regular dentist, or to have had a dental visit in the last year, than low-income, privately-insured children;
- more likely to be in fair or poor health than low-income, privately-insured children.



The lack of health insurance, although not the only barrier to health care in Maine, clearly puts uninsured children at greater risk of experiencing health related problems. For more information regarding The Results of A Household Survey 1997, please contact the Maine Children's Alliance at (207) 623-1868.

Frannie Wheeler Berta

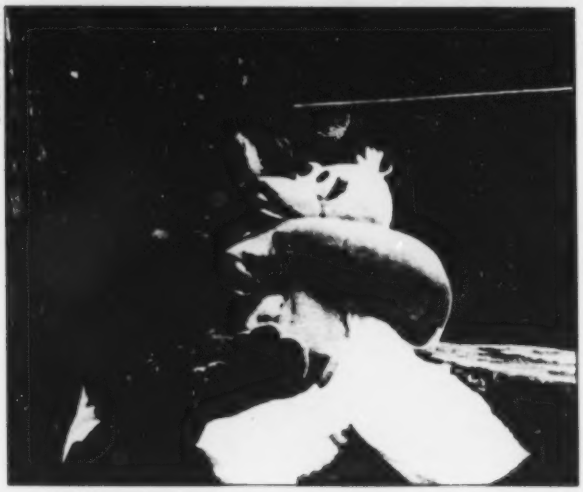
Free and Low Cost Health Insurance for Maine's Children: The State Children's Health Insurance Program (SCHIP)

Finally, affordable health insurance is available to families with uninsured children: Expanded Medicaid and Cub Care.

- Free or low cost insurance may be available to families even if the parent(s) are working.
- Services covered include sick and preventive visits to a doctor, immunizations, dental services, eyeglasses, hospital services, drugs, hearing and vision testing, certain transportation services, mental health and substance abuse services and more.

The Balanced Budget Act of 1997 provided federal funding to states for new children's health insurance initiatives. Maine has developed two new programs, **Expanded Maine Medicaid and Cub Care,** to help many families with uninsured children receive the coverage they need to improve their access to health care.

Expanded Maine Medicaid: This program provides health insurance coverage to children up to age 19 if their family income falls within certain limits. Although the federal legislation allowing this expansion includes some limitations regarding eligibility, enrollment in the program is based on family income only. It does not matter if a family has assets such as a car or a home.



Joan Cohen

Children are typically eligible for six months once enrolled. It is important to remember that families are allowed to make deductions from their monthly income **before** comparing it to the income guidelines listed in the chart below.

ELIGIBLE DEDUCTIONS for Expanded Medicaid

Parents may deduct the following amounts from monthly gross wages before comparing income to the chart below:

- $90 standard work deduction (can be taken if parent(s) work)
- Any child care expenses, actually paid, up to $200 per month, per child under two years of age, or $175 per child over two years of age
- Parents receiving child support may also deduct the first $50 of such support from monthly income

EXPANDED MEDICAID

Approximate Gross Monthly Family Income Guidelines

Family Size	1	2	3	
Eligible Amount	$1,007	$1,357	$1,707	
Family Size	**4**	**5**	**6**	**7**
Eligible Amount	$2,057	$2,407	$2,757	$3,107

Child may be eligible if monthly family income is close to the amount listed or less

Cub Care: Cub Care is health insurance available to children whose family income is higher than that allowed for Medicaid but which also falls within certain limits. Cub Care offers coverage for the same comprehensive benefits allowed under the Medicaid Program, such as visits to the doctor or dentist, immunizations, drugs, eye glasses, physical and speech therapy, hospital services, substance abuse and mental health services and more. Although the federal legislation allowing the creation of Cub Care includes some limitations regarding eligibility, enrollment in the program is based on family income only – please refer to the chart below. Children are typically eligible for six months once they are enrolled.

Families must make a small payment to receive Cub Care coverage for their child(ren), and may pay the required premium on a monthly basis, pay more than one month at a time, or can choose to pay for the entire six months at once. Monthly payments range from $5-$30 per month, depending on family income levels and the number of children enrolled.

CUB CARE

Approximate Gross Monthly Family Income Guidelines

Family Size	1	2	3	
Eligible Amount	$1,241	$1,673	$2,105	
Family Size	**4**	**5**	**6**	**7**
Eligible Amount	$2,536	$2,968	$2,757	$3,400

Child may be eligible if monthly family income is close to the amount listed or less

The application for Expanded Medicaid or Cub Care is included on the next page. Feel free to reproduce and share it with others. Applications are also available from the Regional or District Office of the Bureau of Family Independence, Department of Human Services, or from the State's website at http://www.state.me.us. Applications should be sent to the office that covers the area in which a family lives as listed on page 9. Families do not have to apply in person. Families should apply for Cub Care and Medicaid even if family income is slightly higher than that listed, as eligibility limits change every year.

BEST COPY AVAILABLE

CUT OUT

CUT OUT

State of Maine
Department of Human Services

Application for Health Insurance

For Children Under Age 19 and Pregnant Women

Return to:

Your name (first, middle initial, last)		
Social Security Number	Birthdate (month/day/year)	Sex

Are you ☐ married ☐ widowed ☐ single ☐ divorced ☐ separated

Mailing address:

Street, PO Box, or RR (include apartment number, in care of, etc.)			
City	State	Zip Code	Phone - Home: Work:

If different from your mailing address, give the address where you actually live:

List the people who live with you:

Last name	First name	Middle Initial	Sex	Date of birth	Social Security number	Relationship to you

Is anyone in your household pregnant? ☐ Yes ☐ No

Name _____ Due Date: _____

U.S. Citizen? ☐ Yes ☐ No

Household earnings: (please provide the last 4 pay stubs or copies of them)

Name	Employer's name and phone number	Amount you earn	How often are you paid	Hours worked each week

If anyone in your household is self-employed, complete this section. (please provide a copy of your most recent tax return or business records)

Name of person who is self-employed _____

Name of business Hours worked weekly

For office use only: Received _____ 45th day _____

List any other household income:

Source	Amount	How Often	Who Gets this Money
Social Security	$		
SSI	$		

Please Send Proof of Any Money Listed Below

Source	Amount	How Often	Who Gets this Money
Child Support	$		
Unemployment	$		
Workers Compensation	$		
Interest Income	$		
Other Income (please explain)	$		

If anyone in your household pays for child care or child support, complete this section:

1. Child care: Name of Child_____ Amount$_____ How often_____
   Name of Child_____ Amount$_____ How often_____
2. Child support you or your spouse pay: Who pays the support?_____
   Amount_____ How often_____

Are you requesting help with medical bills incurred within the last three months ?

☐ Yes ☐ No Which months?_____

Please answer the following questions about health insurance:

Please list any children in your household who now have health insurance (except for Medicaid):

_____

_____

Please list any children in your household who lost health insurance (except for Medicaid) in the last three months and please tell us why they lost their health insurance:

_____

_____

Please list any children in your household who can be added to a State employee's health insurance (except for Medicaid):

_____

_____

Do any children in your household have a disabling condition Yes ☐ No ☐

Do all the children in your household have U.S. citizenship? Yes ☐ No ☐

I agree to provide Social Security numbers. We use them to do computer matches. We match them with the I.R.S., the Social Security Administration, Department of Labor, other government agencies and private financial institutions. I also agree that the Department of Human Services and federal officials may check with people to prove the information I give. I understand the questions on this form. I certify, under penalty of perjury, that all my answers are correct and complete as far as I know.

I understand the Department has the right to collect from other available insurance or from settlement(s) for accidents or injuries whenever the medical card was used.

Signature of person filling out this form_____Date

If you have questions regarding Expanded Medicaid or Cub Care, please contact one of the offices listed below or the **Maine Children's Alliance** *at* **(207) 623-1868**

Augusta Regional Office 219 Capitol St. Augusta, ME 04333 624-8200/1-800-452-1926 TDD/TTY 624-8004

Bangor Regional Office 396 Griffin Rd. Bangor, ME 04401 561-4333/1-800-432-7825 TDD/TTY 581- 4403

Biddeford District Office 208 Graham St. Biddeford, ME 04005 286-2430/1-800-322-1919 TDD/TTY 286-2402

Calais District Court 88A South St. Calais, ME 04619 454-9020/1-800-822-1400 TDD/TTY 493-3415

Caribou District Office Rt. 1& 89 Access Highway, RR 2, Box 8700 Caribou, ME 04736 493-4050/1-800-432-7866 TDD/TTY 493-4034

Ellsworth District Office Plaza Mall, 11 Short St. Ellsworth, ME 04605 667-1656/1-800-432-7823 TDD/TTY 667-1639

Farmington District Office 25 Main St. Farmington, ME 04938 778-8223/1-800-442-6382 TDD/TTY 778-8239

Fort Kent District Office 92 Market St. Fort Kent, ME 04743 834-7770/1-800-432-7340 TDD/TTY 834-7702

Houlton Regional Office 11 High St. Houlton, ME 04730 532-5055/1-800-432-7338

Lewiston Regional Office 200 Main St. Lewiston, ME 04240 795-4394/1-800-482-7517

Machias District Office 100 Court St. Machias, ME 04654 255-2027/1-800-432-7846

Portland Regional Office 509 Forest Ave. Portland, ME 04101 822-2071/1-800-482-7520

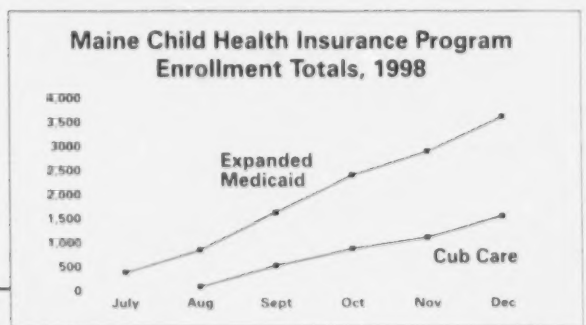
Rockland District Office 360 Old County Rd. Rockland, ME 04841 596-4217/1-800-432-7802

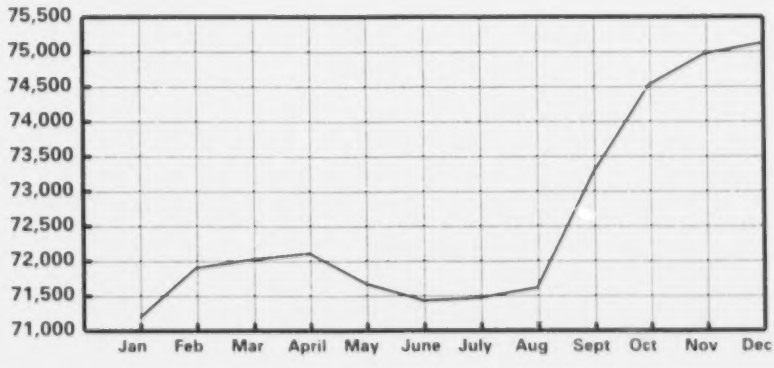
Sanford District Office 39 St. Ignatius St. Sanford, ME 04073 490-5481/1-800-482-0790 TDD/TTY 490-5466

Skowhegan District Office 140 North Ave. Skowhegan, ME 04976 474-4800/1-800-452-4602 TDD/TTY 474-4888

Medicaid Outreach Works! The Maine Department of Human Services (DHS) has been successful in reaching out to working families with uninsured children to provide them with the information and resources necessary to get their children enrolled in Medicaid, Expanded Medicaid and Cub Care. DHS has worked diligently to simplify the application process for these programs. By coordinating efforts with the Department of Education, school age children and their families were provided with a mail-in application and information about these health insurance programs during the first week of school. Additionally, DHS has worked with the Maine Hospital Association in providing regional training to hospital staff and community members throughout Maine in an effort to provide families with information and enrollment assistance.

The numbers in the charts below show that, in a short period of time, the Department of Human Services has provided the momentum for getting information about the State Child Health Insurance Program to families who qualify and in getting many eligible children enrolled. As of January 1999, over 1,564 children had been enrolled in Cub Care and over 3,627 children had enrolled in Expanded Medicaid. This means that over 5,191 previously uninsured children now have comprehensive health insurance that will improve their access to the health care services they need.





Total Children Enrolled in Medicaid, 1998

BEST COPY AVAILABLE

Covering Kids Campaign: Maine has been granted significant funding from the Robert Wood Johnson Foundation under its Covering Kids Initiative aimed at providing outreach services to families and enrolling eligible uninsured and underinsured children into the State Child Health Insurance Program. The Covering Kids grant will provide resources to four partners who have played an important role in the provision of similar outreach activities in the past: the Maine Ambulatory Care Coalition (serving as the lead agency); Consumers for Affordable Health Care; the Maine Equal Justice Project; and the Maine Children's Alliance. These partners will work with the Department of Human Services in expanding outreach activities that provide the resources families need to learn more about health insurance coverage available to cover uninsured children. To learn more about this initiative or to become involved in outreach activities, please contact the Maine Children's Alliance at (207) 623-1868.

Paul Kennedy

Rural Health Research Initiative: Rural Pediatricians Encourage the Use of Medical Homes in Improving Continuity of Health Care

The Rural Access Research Initiative is a project aimed at promoting medical homes in an effort to improve child access to primary health care throughout rural Maine. A medical home is described by the American Academy of Pediatrics as one which provides health care that is accessible, continuous, comprehensive, family centered, and coordinated; and is provided by well-trained physicians who are able to manage or facilitate essentially all aspects of pediatric care.[3]

The Community Access to Child Health (CATCH) Program is a program of the American Academy of Pediatrics which gives pediatricians the opportunity to share information about the use of community resources in hopes of improving the care of children across the country. This initiative involves the Northern New England Rural Pediatrics Alliance (NNERPA) which was formed by CATCH participants from New Hampshire, Vermont, and Maine. The group addresses specific education and communication needs of rural pediatricians by emphasizing the importance of collaborating and using community resources to improve the continuity of care for children living in rural areas.[4]

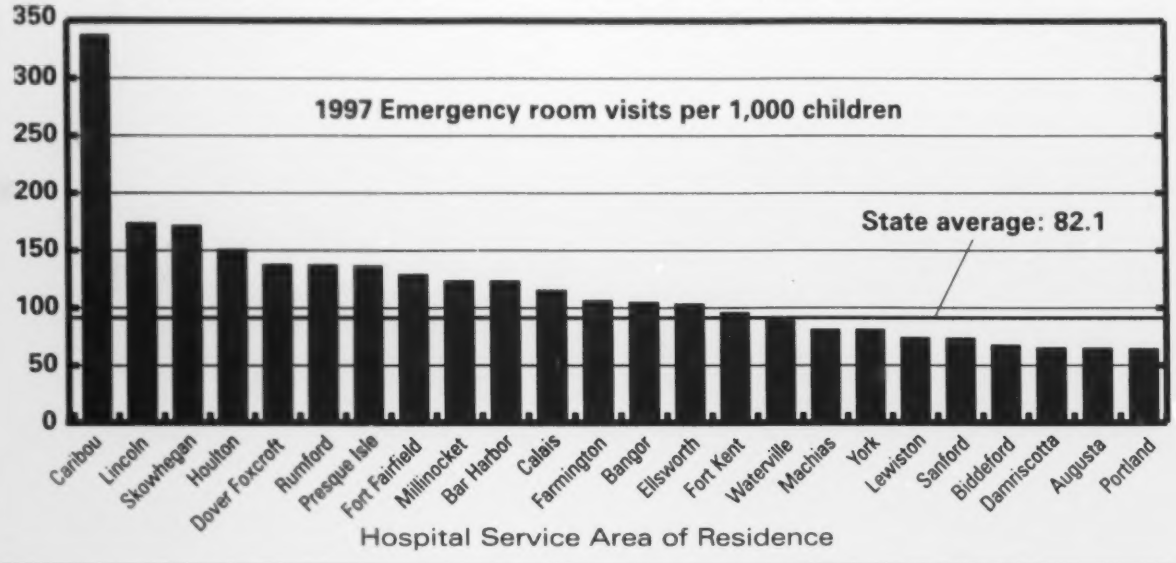
Although the Emergency Room is an important safety net for many families who are without a regular source of health care, it does not always offer the primary and preventive services children and families need to prevent or avoid future illness.

Visits to the ER also tend to be much more costly: costs can add up to three times more than most primary care providers charge. The Rural Access Research Initiative will identify patterns of emergency department/room (ER) use by children who received treatment for certain primary care illnesses such as ear infections, common colds, sore throats and asthma. Conditions or symptoms that result from these illnesses are, in most cases, treatable in the pediatrician or family practitioner's office or other primary care setting.

By promoting the use of medical homes, rural pediatricians will improve children's health and access to cost-effective primary, preventive and ongoing care.

1997 Pediatric Emergency Room Use for Selected Conditions

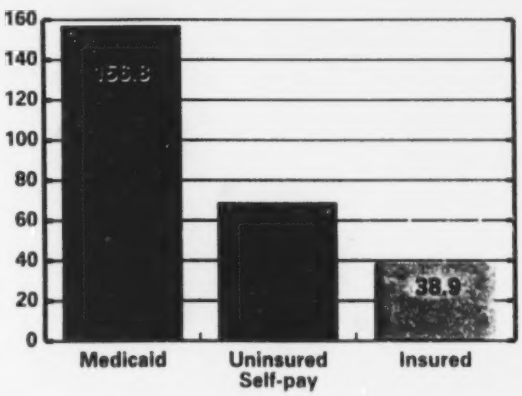
Includes ear infections, sore throat, colds, gastrointestinal, and asthma. Ten hospital service areas are not shown due to incomplete data submissions to the Maine Health Data Organization. Rates are for Maine resident children age 0-17.



Data obtained from the Maine Health Management Coalition, the Maine Health Data Organization, and the Department of Human Services will be used to identify patterns of ER use by children. The Maine Health Management Coalition consists of more than 30 large employers throughout Maine who offer health insurance coverage to employees and their dependents. Its mission is to measure and continuously improve the value of the health care services delivered to the citizens of Maine. This employer-based Coalition provided access to its claims database in order to help promote efforts to improve the delivery of health care for Maine's children. The Coalition data will be used to provide some detail regarding the use of the ER by children with private insurance who live in families receiving coverage through employment. This will help determine if there are geographical differences in emergency room use that are independent of health insurance coverage. The Department of Human Services will provide information regarding ER use by children with Medicaid coverage. The Maine Health Data Organization (MHDO) collects data from hospitals and will provide information regarding children for whom services are paid for by family members (self pay) and/or who are uninsured. The MHDO will also provide information that can be used to verify or correlate data obtained from the other two sources previously mentioned.

1997 Pediatric Emergency Room Use for Selected Conditions

Includes ear infections, sore throat, colds, gastrointestinal, and asthma. Rates are for Maine resident children age 0-17. The numerator is based on hospital emergency room data submitted to the Maine Health Data Organization. Medicaid denominator is children age 0-17 participating in Medicaid during 1997 as reported in the 1998 Maine KIDS COUNT Data Book. The uninsured denominator was taken from *Health Insurance Coverage Among Maine's Children, The Results of a Household Survey 1997*. Institute for Health Policy, University of Southern Maine (p.10, Table 2).



These sources will provide the data regarding emergency department use in designated hospital service areas (HSAs) throughout the state during the calendar year 1997.

BEST COPY AVAILABLE

The information will be used to identify patterns of ER use by children for the treatment of primary care illnesses including ear infection, sore throat, common cold, stomach and intestinal problems and asthma. It will be useful to primary care providers in rural areas in perhaps identifying high ER use areas, children who are more likely to use the ER rather than a medical home, and frequent and repeat ER users. Rural pediatricians will develop standards of care that can be shared with other resources in their communities and will work together in ensuring that children living in rural Maine have access to and know how to use a medical home that meets their primary care needs.

What the Data Show Us So Far... A total of 24,581 pediatric hospital emergency room visits were identified statewide in 1997 for the conditions previously identified. The average rate of visits for these selected conditions per 1,000 children was 82.1. The rates varied significantly by hospital service area from a low of 64.5 to a high of 337.8 (per 1,000 children). Preliminary analysis of data obtained at the printing of this book shows a **strong correlation between population density and emergency room rates.** Areas of lower population density have higher ER visit rates for the conditions studied. Although there are some exceptions, the geographical differences are quite striking with virtually the whole urban and southern portion of the state having lower rates and the northern or rural areas having higher visit rates. It is also worth noting that **many of the areas showing high ER rates for the selected diagnoses also had high rates of pediatric hospital admissions of medical conditions such as asthma, stomach and intestinal illness and pneumonia. The rate for the uninsured/ self pay population (68.8 per 1,000 children) was 77% higher than the rate for insured children (38.9). Children with public insurance (Medicaid) had the highest rate of 156.8.**

The data will be further analyzed in an effort to determine when and why some children utilize the ER more frequently than others and to develop strategies for improving access to primary care services throughout rural Maine. Please contact the Maine Children's Alliance at (207) 623-1868 for more information regarding the Rural Access Research Initiative.

School Based Health Centers Expand in Maine

School Based Health Centers continue to emerge in Maine as a promising approach for improving children's and adolescents' access to health care services. The development of new School Based Health Centers creates a realistic opportunity to improve the health of many children throughout Maine. The National Adolescent Health Information Center acknowledges that health care systems have traditionally had difficulty in serving adolescents well. As many children, particularly adolescents, have special health concerns, school based health centers offer an avenue for providing health services that may otherwise be underutilized.

The number of school based health centers in Maine will expand to over 16 in 1999. Although some of the new centers are still in a planning phase, their development is critical to improving children's access to health care. Services offered by School Based Health Centers vary and may include diagnosis and treatment of acute conditions and management of chronic illnesses such as asthma. Some centers have basic laboratory capabilities for diagnosing illness, such as strep throat cultures. Some provide mental health and substance abuse services or preventive health care services such as sports physicals or smoking cessation programs. Some are the first to respond to emergency situations involving students during school hours. These centers also serve as an important referral resource, connecting students to primary care providers and other needed health services.

School Based Health Centers are located or are being developed at:

Bonny Eagle High School	**(207) 929-3840**
Boothbay Region Schools	**(207) 633-9814**
Deering & Portland High Schools	**(207) 874-8988**
Erskine Academy	**(207) 445-2962**
Foxcroft Academy	**(207) 564-8376**
Harmony Elementary School	**(207) 683-2211**
Leavitt High School	**(207) 225-5335**
Lewiston HS & Middle School	**(207) 795-4115**
Lincoln Academy	**(207) 563-3596 ext. 36**
Lubec Consolidated School	**(207) 733-5541**
Maranacook Community School	**(207) 685-4923**
Noble High School	**(207) 698-1320**
Oxford Hills High School	**(207) 743-8914**
St. Mary's Regional Medical Center	**(207) 777-8700**
Waterville High School	**(207) 873-2751**

Providing health care services in the school setting may provide healthier outcomes in the future for many Maine children. For more information regarding Maine's School Based Health Clinics, contact the Maine Department of Human Services, Bureau of Health at (207) 287-5364.

The Maine Dental Access Coalition

Too many Maine children and families lack access to dental care.

Created in June of 1997, the Maine Dental Access Coalition addresses dental access issues specific to the needs of children and families in Maine for whom access to oral health care is increasingly limited. The Coalition has grown to include more than 50 members representing consumers, dentists, hygienists, physicians, other health care providers, health educators, consumers and advocates, state agencies and Maine's Legislature. Its mission is to improve access to quality oral health care services throughout Maine through the development of a system that emphasizes the importance of preventive and restorative oral health care.

The work of the Coalition is important to low-income Maine children whose families are unable to pay for dental care at the time services are delivered. Improved access is also an issue for children covered by Medicaid; it is estimated that less than one third of these children accessed preventive oral health services in 1997. Though there are over 400 general practice dentists and pedodontists practicing in Maine, less than 275 provided preventive services to children with Medicaid coverage in 1997. Of those 275 dentists, only 15, or 3.7%, provided 43% of the preventive dental services to Medicaid recipients that year.

Health care advocates are genuinely appreciative of those who provide significant dental and oral health services to children living in low-income families. There is much concern, however, over the lack of willingness by many dentists to provide such services at some level. Reasons for the lack of participation by dentists in the State Medicaid Program include various social, economic and administrative issues that frustrate dentists and families covered by Medicaid . These issues create barriers to oral health care for many children in Maine. Without early preventive services, many Maine children will face major oral health problems as they grow, including the possibility of significant tooth decay and/or gum disease.

Children With Medicaid Coverage Seen by Dentists for Preventive Care Calendar Year 1997

Medicaid Patient Load	Maine Dentists*	Percent of Dentists	Numbers of Children Who Received Preventative Care	Percentage of Children Who Received Preventative Care
No patients	134	33.0%	0	0.0%
1-10	64	15.8%	304	0.9%
11-50	87	21.4%	2,320	7.0%
51-100	45	11.1%	3,158	9.5%
101-500	61	15.0%	13,106	39.3%
501 & over	15	3.7%	14,480	43.4%
Total	408	100.0%	33,368	100.0%

**Excludes orthodontists and oral surgeons*

The Maine Department of Human Services is working towards improving many of the factors that have discouraged dentists from participating in the Medicaid Program in the past. The changes include an increase in the rates of reimbursement offered to dentists who provide services under the program as well as many administrative changes within the program itself. The Department offers assistance to families with Medicaid coverage in finding a dentist, and in getting transportation to appointments through its HealthWorks toll-free telephone line at 1-800-977-6740. Dentists are also encouraged to use HealthWorks as an avenue for making suggestions that may improve access to dental care under the program and also to request assistance on behalf of their patients who have.Some have had problems getting to appointments.

There is still much that needs to be done, however, to ensure all children have access to oral health care services. Please contact the Maine Children's Alliance at (207) 623-1868 for more information regarding the Maine Dental Access Coalition.

1 Kilbreth, E.H. and Agger, M.S. (1997). **Health Insurance Coverage Among Maine's Children – The Results of a Household Survey 1997**. Institute for Health Policy Edmund S. Muskie School of Public Service, University of Southern Maine, Portland, ME.

2 Ibid.

3 American Academy of Pediatrics (1992). *"The Medical Home"* **Pediatrics**, 90,(5), p. 773.

4 American Academy of Pediatrics. *"CATCH: Community Access to Child Health, Northern New England."* Elk Grove Village, IL.

Physical and Mental Health

	Number	Rate or Percent	US Rate or Percent
Pediatricians, family practitioners, and general practitioners,(MDs and DOs); full-time equivalent rate per 1,000 children aged 0-17, 1996	634.3	2.2	—
General practice dentists; full-time equivalent rate per 1,000 children aged 0-17, 1998	317.3	1.1	—
Core mental health professionals; rate per 1,000 children aged 0-19, 1994	1,382	4.0	—
Children without health insurance, five-year average, 1992-1996	37,000	12.0%	14.0%
Children aged 0-17 participating in Medicaid, 1998	82,595	28.1%	—
Medicaid Early Periodic Screening, Diagnostic, and Treatment Services, eligible children under age 21 receiving at least one initial or periodic screening service, as a percent of those who should, 1997	33,730	60.0%	—
High school students who visited a health professional during the past 12 months, 1995	—	81.0%	—
Low birth-weight infants; live births under 25000 grams (5.5 pounds) as a percent of all live births, 1996	809	5.9%	7.3%
Live births for which prenatal care began in the first trimester, 1996	12,346	89.7%	81.9%
Two year-olds who were age-appropriately immunized 1997-1998	—	87.8%	78.0%
Infant mortality rate; rate per 1,000 live births, five-year average, 1992-1996	84	5.8	7.6
Child deaths; rate per 100,000 children aged 1-14, five-year average, 1992-1996	51.8	22.0	28.0
Teen deaths; rate per 100,000 children aged 15-19, five-year average, 1992-1996	51.6	60.0	84.0
Teen violent deaths; rate per 100,000 children aged 15-19, five-year average, 1992-1996	41.4	48.0	65.0
Child and teen suicides; rate per 100,000 children aged 10-19, five-year average, 1992-1996	11.0	6.1	6.0
High school students reporting at least one suicide attempt in the last year, 1997	—	9.0%	—
Children aged 19 and under in motor vehicle crashes with personal injury, as a percent of all children in motor vehicle crashes, 1997	4,720	14.4%	
▲ Hospital discharges of children 0-19 for mental health or substance abuse diagnoses, rate per 1,000 children	1,938	5.8	
Sexually active high school students who reported using a condom during last intercourse, 1997	—	51.0%	—
Gonorrhea cases, 10-19 year-olds, rate per 100,000, 1997	18	10.0	—
Chlamydia cases, 10-19 year-olds, rate per 100,000, 1997	455	252.8	—

▲ This indicator has changed from that used in last year's Data Book. Please see each indicator's definition for the exact changes.

● New Indicator

Physical and Mental Health

	Male	Female	Total	Number	Rate or Percent	US Rate or Percent
High school students reporting:						
alcohol use within past 30 days	53%	50%	51%			
marijuana within past 30 days	33%	27%	30%			
cigarette smoking within past 30 days	38%	41%	39%			
use of any form of cocaine within past 30 days	4%	3%	3%			
use of inhalants at any time during their life	20%	18%	19%			
Children aged 0-14 using services of licensed alchohol and drug abuse treatment providers, rate per 1,000 children, 1997				152	0.62	
Youth aged 15-19 using services of licensed alcohol and drug abuse treatment providers, rate per 1,000 youth, 1997				971	11.14	

Paul Kennedy

Physical and Mental Health

Maine continues to lead the nation in many areas related to child health:

- Maine's infant mortality rate continues to decrease and is the lowest in the United States.
- The percentage of live births in Maine for which prenatal care began in the first trimester continues to increase and remains one of the highest in the nation.
- Tied only with Massachusetts, Maine has the highest immunization rate among 2- year old children.
- The percent of low birth-weight infants born in Maine continues to decline and remains less than the national rate.

Preventive health care continues to play a significant role in the health status of Maine's young children. In 1996, the percentage of live births for which prenatal care began during the first trimester increased from 88.6% the previous year to 89.7%, remaining substantially higher than the national rate of 81.9%. Maine's infant mortality rate continues to decline, with a five-year average of 5.8 per 1000 births during the period 1992-1996. In 1997, Maine's infant mortality rate was 3.7 and has been said to be the lowest in the country and perhaps even in the world. The percent of Maine two-year olds who were age appropriately immunized in 1997, 88.7% remains the highest in the United States, tied only with Massachusetts. Finally, the already low percent of low-birth weight babies born in Maine continued to decrease from 6.1% in 1995 to 5.9% in 1996. Healthier babies are born every day in Maine and many of our young children are getting the preventive services they need to thrive. The numbers show us that programs that improve access to prenatal care, child immunizations, and other programs that support pregnant women and children, improve outcomes for children throughout Maine.

Other numbers however, represent areas of concern for our children as they grow. It appears, for example, that the percent of Maine children who received preventive health screenings under the State Medicaid Program, as a percent of those who should have received such services, continued to decrease from 64% in 1996 to 60% in 1997.

BEST COPY AVAILABLE

Reasons reported for the decline range from changes in outreach activities aimed at promoting participation in prevention services, to differences in how health care providers' report the provision of preventive services to the Medicaid State Agency. In an effort to improve access to preventive services offered under the program, the Department of Human Services has made some administrative changes to the program. These changes include the use of the new Bright Futures Health Assessment Form and the Medicaid Incentive Program for Physicians who participate actively in providing preventive and continued care to children enrolled in the Program.

The Department also provides outreach to families regarding preventive health services covered by Medicaid through the State Immunization and IMPACT Programs and through the health benefits advisor for the Medicaid Program, HealthWorks. These programs share the responsibility for providing outreach activities that assist families with Medicaid coverage in accessing the preventive and diagnostic health care children should have. Families with Medicaid coverage are encouraged to contact HealthWorks at 1-800-977-6740 for assistance in accessing preventive health care and in arranging transportation to medical appointments. Physicians and other health care providers who offer preventive services are also encouraged to use HealthWorks as an avenue for sharing concerns and making suggestions that may improve access to preventive services offered under the program.

The reported number of children age 0-14 who used the services of licensed alcohol and drug abuse treatment providers, doubled from 76 in 1996 to 152 in 1997. The number of children age 15-19 using such services also increased, from 743 in 1996 to 971 in 1997. Reasons for the increase included a conscientious effort by the Maine's Office of Substance Abuse to ensure that services already available were also accessible to those who really need them. The increase in the number of children accessing substance abuse services tells us that we must continue to improve access to prevention opportunities that are available and strive for the expansion of resources that meet the mental health and substance abuse concerns of Maine youth.

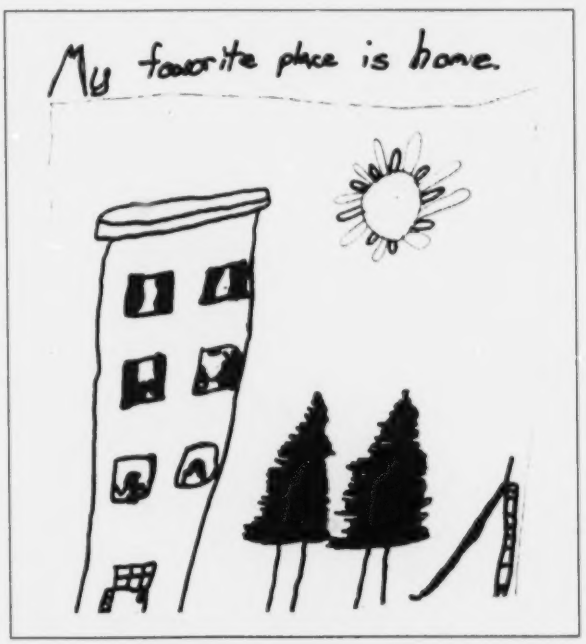
The Maine Children's Alliance, through KIDS COUNT and the Health Care Access Project, will continue to provide information regarding children's access to health care. Policy changes that affect the physical and mental health of children will be monitored in a continued effort to track improved health outcomes for Maine's children.

Community and Family Environment

Between 1996 and 1997 the number of children who were determined by the state to be victims of child abuse and neglect jumped from 4,656 to 5,725, a 23% increase. In 1997 4,222 domestic assaults were reported to police in Maine.

Some of the new research on brain growth focuses on the role of certain hormones in the development of the brain. The findings of this research underscore the importance of the quality of the attachment between children and their parents and between children and their care givers. If a child experiences a stable, warm and nurturing relationship with the adults in their life, they will develop the capacity to control their own emotions, a skill critical for later success in life.

If, on the other hand, a child has experiences with adults that cause undue stress, the child's body will release excessive amounts of cortisol, a hormone which at higher levels can lead to fewer electrical connections being made in the brain. The continued release of this hormone can cause a child to become stuck in a high alert state even when there is no danger. This state can lead to aggression, emotional, and behavioral problems and can undermine the ability of children to take in the stimuli necessary to the development of critical cognitive and social skills.



Emma Dillon, Sherwood Heights School, Auburn

BEST COPY AVAILABLE

	Number	Rate or Percent	US Rate or Percent
Substantiated child abuse and neglect victims; rate per 1,000 children aged 0-17, 1997	5,725	19.45	15.0

Victims by gender and type of abuse

	Male	Female
Total	2,889	2,836
Sexual Abuse	121	303
Physical Abuse	440	375
Neglect	1,006	888
Emotional Abuse	1,322	1,270

Victims by age

	5,725
0-4	1,518
5-8	1,602
9-12	1,357
13-15	862
16-17	386

Request for child abuse and neglect services, 1997	15,239
Cases screened out	7,223
Cases appropriate for Child Protective Services	8,016
Appropriate referrals not assigned due to lack of resources	3,425
New cases assessed	4,591
Completed assessments substantiated	2,792
Completed assessments unsubstantiated	1,781

Children in single-parent families, three-year average 1994-1996		—	24.0%	26.0%
Children aged 0-17 in Department of Human Services care or custody; rate per 1,000 children, January 1, 1998		2,939	10.0%	—
Children aged 0-17 living in homeless or emergency shelters, rate per 1,000 children, March 1998		296	1.0%	—
Arrests of Children aged 10-17; rate per 1,000 children, 1997	Total	12,741	90.2%	
	Males	9,548	67.6%	
	Females	3,193	22.6%	
Arrests for crimes against persons, children aged 10-17, rate per 1,000 children, 1997	Total	189	1.3%	
	Males	173	1.2%	
	Females	16	0.1%	
Alcohol-related license suspensions for drivers under age 21; rate per 1,000 licensed drivers, 1997		1,010	16.9%	
OUI arrests for drivers under age 21, rate per 1,000 licensed drivers, 1997		1,654	27.7%	
Domestic assaults reported to police, rate per 100,000 population, 1997		4,222	341.0	

Population 0-17	294,316
Population, children aged 10-17	141,231
Total population	1,238,171

K. Wall

Between 1996 and 1997 the number of children who were determined by the state to be victims of child abuse and neglect increased dramatically from 4,656 to 5,725, a 23% increase. While the total number of referrals for child abuse and neglect actually went down between 1996 and 1997, the total number deemed appropriate for referral (cases not initially screened out) increased from 7,298 to 8,016. Most of the increase in the number of victims of child abuse and neglect fell into the categories of sexual abuse (25.8% increase), neglect (22.2% increase) and emotional abuse (35.7% increase). The increase in the total number of child abuse and neglect victims may in part reflect efforts the State has made to improve the quality of its risk assessment capabilities, coupled with a rise in the number of families experiencing multiple problems. The number of children who were placed in the care or custody of the state jumped from 2,294 in July, 1996, to 2,939 in January, 1998. Some of this increase may be due to improved risk assessment, combined with significant efforts by Maine's judiciary to better understand the effects of child abuse and neglect and improve the court's role in protecting children. In any case, this increase is a warning to all of us that an increasing number of children and families in Maine are under stress and need help.

Between 1996 and 1997 the number of allegations of child abuse and neglect that were not investigated due to a lack of resources increased from 2,823 to 3,425.

To add to the tragedy of child abuse and neglect, the state lacks sufficient resources to investigate all of the referrals they deem appropriate. Between 1996 and 1997, the number of appropriate referrals for child protective

(continued, page 22)

Social and Economic Opportunity

Almost one in three children in Maine receive free or reduced price school lunches.

Almost 16% of Maine's children live below the federal poverty level. Many more live in families where parents work hard at low wage jobs that place them just above the poverty line, but still don't offer an income adequate to meet basic needs. In school year 1996-97, almost one third (31.6%) of Maine's school children receives free or reduced price school lunches. A brighter economy has helped reduce the caseloads for welfare assistance in Maine, but it is clear that families leaving the welfare rolls, as well as working poor families who have not been on welfare, are still relying on supplemental assistance such as subsidized school lunches to get by. Too many of Maine's jobs do not pay a livable wage. The proportion of Maine's jobs that pay enough to meet basic necessities has gone down from 76% in 1995 to 67.2% in 1997.

One reason why there has been such an emphasis on the importance of the new brain research for disadvantaged children is that the risk factors associated with poor brain development are also so closely linked with poverty. While neglect and excessive stress occur in families across the income spectrum, the challenges of poverty place low-income families at particular risk. When parents are so overwhelmed with the struggle to survive, when they are worried every day about whether they will be able to feed their children and keep them housed and safe, the stress involved can sap the energy they need to nurture and stimulate their children. Children who are not spoken to often enough, who do not have opportunities to explore and discover, are denied the chance to develop to their fullest potential cognitively and emotionally.

Social and Economic Opportunity

		Number	Rate or Percent	US Rate or Percent
Unemployed persons aged 16 and over, annual average, 1997		36,000	5.4%	4.9%
Unemployed persons aged 16-19, annual average, 1997		6,000	15.0%	16.0%
Jobs that pay a liveable wage, 1997		365,786	67.2%	—
Children aged 0-17 living at or below federal poverty line, five-year average, 1992-1996		—	15.8%	21.0%
Median household income, 1997		$34,641	—	$36,399
Median income of families with children, 1995		$36,200	—	$38,100
▲ Children on TANF (Temporary Assistance for Needy Families), Sept 1998		24,746	8.3%	
Children aged 0-17 receiving Food Stamp benefits, October 1998		40,581	13.5%	
▲ State TANF and Food Stamp benefits as a percent of poverty line in 1998			67.1%	
Recipients of WIC Benefits, 1997	Total	59,226		
	Women	14,447		
	Infants and Children	44,779		
School children receiving subsidized school lunches, 1997-1998 school year	Total	66,628	31.4%	
	Free	51,000	24.1%	
	Reduced Price	15,628	7.4%	
▲ Child day care, April 1998	Number of children served	43,714		
	Contracted slots and vouchers	5,037	11.5%	
Families headed by mothers receiving child support or alimony, five-year average, 1993-1997		—	45%	33.0%
Child support enforcement, cases with collection, 1995		27,034	35.6%	19.4%
Births to single teenaged mothers as a percent ot total live births, 1996		1,103	12.8%	—
Births to married teenaged mothers as a percent ot total live births, 1996		233	1.7%	—
Births to unmarried teenaged mothers who have not completed 12 years of school; rate per 1,000 females aged 10-19, five year average,1992-1996		716	8.4	—
Repeat teen pregnancies as a percent of total teen pregnancies, 1996		460	23.6%	—
Women in labor force with youngest child, under age 6, 1990		42,260	58.0%	54.5%
Women in labor force with youngest child, aged 6-17, 1990		64,485	74.4%	70.9%

▲ This indicator has changed from that used in last year's Data Book. Please see each indicator's definition for the exact changes.

While the new research on the brain certainly highlights the need for early interventions to address the specific risk factors scientists have identified, it should also give a new urgency to efforts to improve the economic status of Maine's families with children.

Michele Stapleton

Education and Learning

Maine's high school drop out rate is the sixth lowest in the nation. Yet the proportion of Maine's high school graduates who plan to attend post-secondary school is lower than the national average.

According to the most recent national rankings, in school year 1995-96, Maine's high school drop-out rate slipped from second lowest in the country to sixth lowest. The most recent rate available, as of this printing for the 1996-97 school year, is about the same as in the previous year (2.98%). While we can still take great pride in our national ranking, we should be concerned about the many young people in Maine who are graduating from high school without the high expectations about their future and the financial resources to enable them to go on to post secondary education. Maine's percentage of youth who plan to continue their education past the secondary level (62.5%) in the school year 1996-97 represents a decrease over the previous school year and is below the national average of 72%. If Maine is to attract higher paying jobs, then we must provide the encouragement and resources necessary to enable more of our youth to receive the education they need to become highly skilled workers. The well-being of our families and the economic stability of our state are at stake.

Maine's regulations for family child care homes permit a provider, by herself, to care for three infants, three preschoolers and two school aged children, not counting her own children. Approximately 4,000 working poor families in Maine are on a waiting list for child care assistance.

Maine also must focus resources on the other end of the education continuum – early education during the first years of life. The widely publicized research on brain development demonstrates that early experiences, whether negative or positive, heavily influence brain development and either enhance or undermine the innate ability of children to gain a healthy foundation for lifelong thinking, learning and social interaction. Particularly for at-risk children, gains in cognitive and social development are best accomplished through both high-quality preschool education programs and parenting education/home visiting to support parents in providing the nurturing care and stimulation their children need to grow and thrive.

Yet compared to a total of approximately 14,000 babies born to families in Maine each year, only 1,000 families are currently receiving assistance from Maine's home visitation and family support programs. Approximately 4,000 working poor families must remain on a waiting list for child care subsidies. Maine's regulations for family child care homes allow a provider, by herself, to care for three infants, three preschoolers, and two school aged children not counting the provider's own children. In our state, child care workers earn an average hourly wage of $6.79, above the national average of $6.12 for child care workers, but still well below the average hourly wage of $9.64 for all workers in Maine. Almost three-quarters of Maine's children under age six live in families where parents are working outside the home, compared with 63% nationwide. Because such a high proportion of these children live in low-income families, there is a critical need for affordable quality child care: child care that provides the stimulation and guidance that build social and cognitive skills.

		Number	Rate or Percent	US Rate or Percent
Head Start Program, 1998	Current Capacity	3,043		
	Eligible Children	8,492		
	Unmet need	5,449	64.2%	
Public school enrollment, 1997	Total	211,904	100.0%	
	Grades K-8	152,693	72.1%	
	Grades 9-12	59,211	27.9%	
Private school enrollment, 1997	Total	14,649	100.0%	
	Grades K-8	6,492	44.3%	
	Grades 9-12	8,157	55.7%	
Home-schooled students, annual average, 1997	Total	3,141	100.0%	
	Grades K-8	2,465	78.5%	
	Grades 9-12	676	21.5%	
● Total Public, Private, Home School		229,694	100.0%	
Percent Public			92.25%	
Percent Private			6.37%	
Percent Home School			1.36%	
Children with special needs as reported to the Department of Education; rate per 1,000 students enrolled in public and private schools, 1996-1997 school year		35,608	157.17	—
Children with limited English proficiency attending school, , rate per 1,000 students enrolled in public and private schools, 1997-1998 school year		2,752	12.1	—
High school completions, as percent of all 17 year olds, 1996-1997	Total	13,445	76.0%	
	Diploma	12,914		
	Adult Ed	207		
	GED	324		
High school dropouts, 1996-1997 school year, drop out rate		1,981	2.98%	—
Teens aged 16-19 not in school and not in the labor force, three-year average, 1994-1996		—	7%	9%
Teens aged 16-19 not in school and not a high school graduates, three year average		—	6%	10%
High school graduates planning to attend post-secondary school, school year 1996-1997		8,158	60.7%	72.0%

▲ This indicator has changed from that used in last year's Data Book. Please see each indicator's definition for the exact changes.

● New indicator

Maine needs to make a stronger commitment to early education. Standards of care need to be strengthened, better coordination between services needs to occur, and substantial new resources need to be found to enable children to gain access to quality early education services, at home and in the child care setting, regardless of family income.

Community and Family Environment *(cont'd from Page 18)*

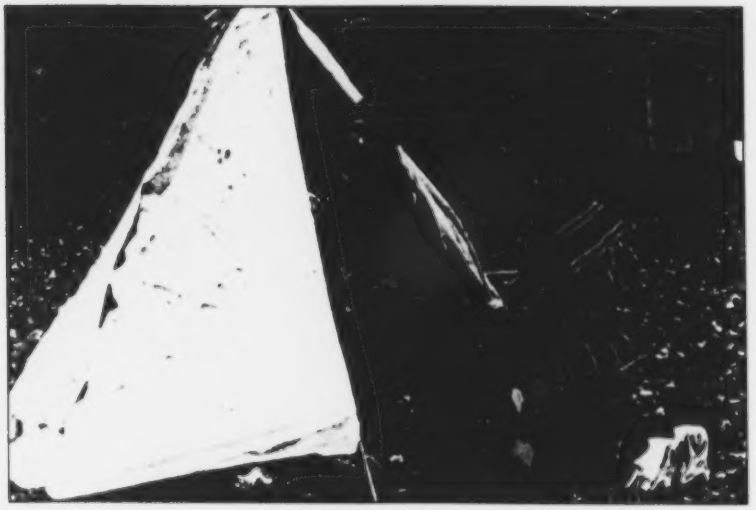
services which were not assigned due to a lack of resources jumped from 2,823 to 3,425, continuing a worsening trend in the state's capacity to protect children. In 1998 the State began to enter into partnerships with community agencies to address this problem.

In addition to addressing the need for stronger child protective services, Maine needs to focus resources at the front end to prevent child abuse and neglect by supporting and educating parents to better meet the challenging task of raising their children. The new research on brain development shows that the stress of abuse and neglect and the experience of witnessing violence in the home have a biological effect on a child's brain that can seriously harm a child's emotional and cognitive development. Early intervention programs that help educate and support families in their child rearing responsibilities, starting even before a child is born, have proven highly effective. For example, a study of the first five years of a Parents Are Teachers Too (PATT) program in Waldo County found only two incidents of substantiated child abuse among PATT families in an area with the highest rate of child abuse in the state. Yet in Maine, because of under funding, only about 1,000 families in need of these services are able to receive them.

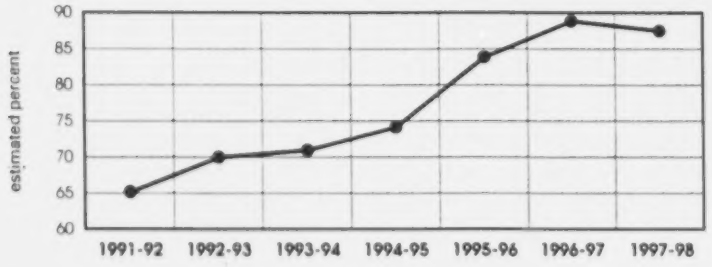
Between 1996 and 1997, the number of OUI arrests of drivers under 21 almost doubled.

Maine continues to struggle with the issue of substance abuse among our youth. Between 1996 and 1997, OUI arrests of drivers under 21 (Operating Under the Influence of alcohol or drugs or any combination of the two) almost doubled from 848 to 1,654. There was a parallel increase in the number of licenses suspended among young drivers from 642 in 1996 to 1,010 in 1997. While these numbers may be due in part to stronger law enforcement, the size of the increase should be a warning to us that more intervention is required with our teens. A study of motor vehicle crash data in Maine revealed that per licensed driver, the rate of alcohol-related crashes, was almost three times higher for young drivers than for older drivers; and that young drivers are three times more likely than older drivers to be injured in a motor vehicle crash. Education about the tragedy of fatal accidents due to driving while under the influence, presented in ways that have proven to be effective with teens, needs to be supported and expanded. Risky behaviors need to be prevented and healthy behaviors rewarded.

Nancy


Nancy

Maine Two Year-Olds Who Were Age-Appropriately Immunized

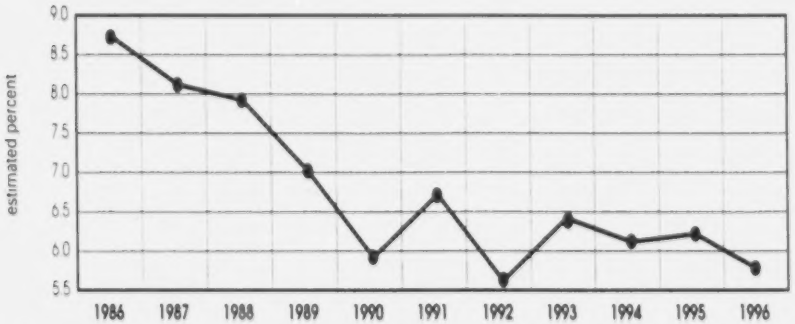


	Percent of Two Year-Olds
1991-92	65.3
1992-93	70.1
1993-94	71.1
1994-95	74.3
1995-96	84.0
1996-97	89.0
1997-98	87.8

Source: *Maine Department of Human Services, Immunization Program*

Immunization protects children from diseases such as measles, mumps, rubella and polio. State-wide estimates are based on retrospective surveys of children entering school. Age-appropriate immunizations include 4 diphtheria/pertussis/tetanus, 3 polio, and 1 measles/mumps/rubella vaccine, administered in a series of well-child visits to a health professional. The immunization rate in Maine is one the highest in the United States.

Maine Infant Mortality



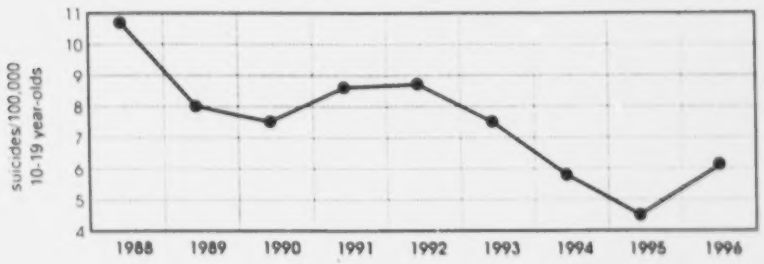
Deaths/1,000 live births			
1986	8.7	1992	5.6
1987	8.1	1993	6.4
1988	7.9	1994	6.1
1989	7.0	1995	6.2
1990	5.9	1996	5.8
1991	6.7		

Source: *Maine Department of Human Services, Office of Data, Research, and Vital Statistics*

Infant mortality rates are a widely-used indicator of the health and well-being of a population. Maine has the lowest infant mortality rate in the United States.

BEST COPY AVAILABLE

Maine Child and Teen Suicide Rate

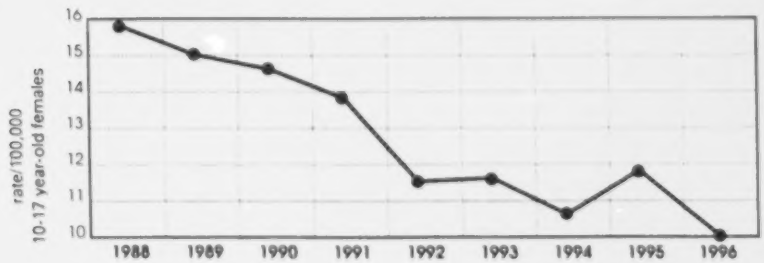


Suicides/100,000 10-19 year-olds	
1988	10.7
1989	8.0
1990	7.5
1991	8.6
1992	8.7
1993	7.5
1994	5.8
1995	4.5
1996	6.1

Source: Maine Department of Human Services, Office of Data, Research, and Vital Statistics

Suicide is the ultimate form of self-destructive behavior. Child and teen suicide is a matter of great concern in Maine and in the United States.

Maine Teen Pregnancy

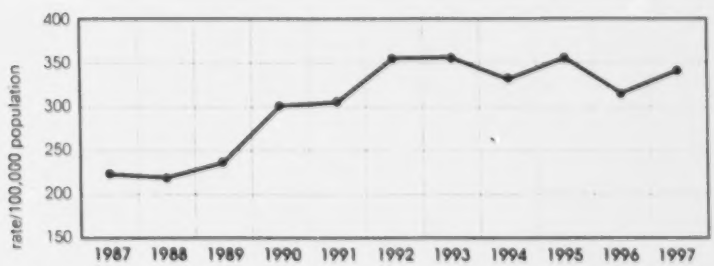


Pregnancies/100,000 10-17 year-old females	
1988	15.8
1989	15.0
1990	14.6
1991	13.8
1992	11.5
1993	11.6
1994	10.6
1995	11.8
1996	10.0

Source: Maine Department of Human Services, Office of Data, Research, and Vital Statistics

Teen pregnancy places both the young mother and her child at risk for a variety of medical, social, and economic problems. Rates are shown for 10 through 17 year-olds, for whom the risk of problems is greatest. Maine has one of the lowest teen pregnancy rates in the country.

Reported Domestic Assaults in Maine



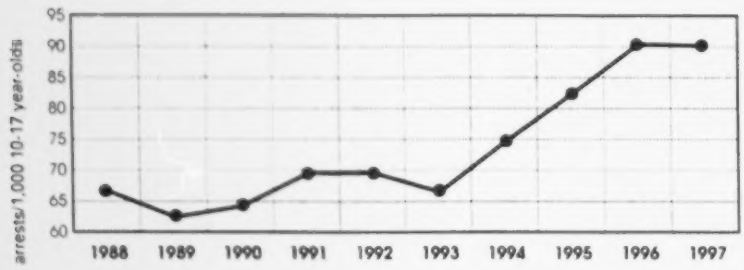
Assaults/100,000 population	
1987	223
1988	219
1989	236
1990	301
1991	305
1992	355
1993	356
1994	331
1995	355
1996	315
1997	341

Source: Maine Department of Public Safety, Uniform Crime Reporting Division

While most of the victims of domestic violence are women, children may be the victim or the perpetrator of a domestic assault. They are also witnesses to violence and its effects.

BEST COPY AVAILABLE

Arrests of Maine Children Aged 10-17

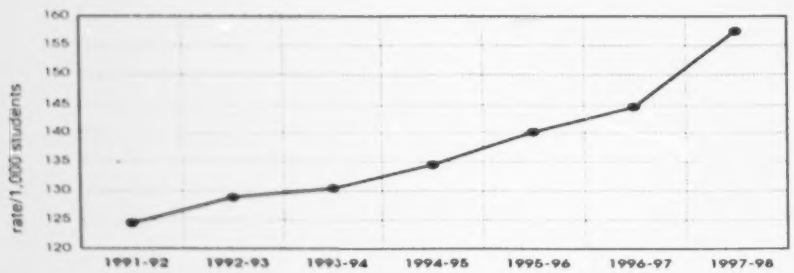


Arrests/1,000 10-17 year-olds	
1988	66.6
1989	62.4
1990	64.2
1991	69.5
1992	69.6
1993	66.5
1994	74.6
1995	82.3
1996	90.4
1997	90.2

Source: *Maine Department of Public Safety, Uniform Crime Reporting Division*

Children and adolescents who are arrested have often committed previous minor infractions noted by their parents, teachers, or neighbors. Arrests are made for causes ranging from homicide and robbery to vandalism and operating under the influence. The overall rate of arrests for Maine children and adolescents continues to be a concern.

Maine School Children with Special Needs

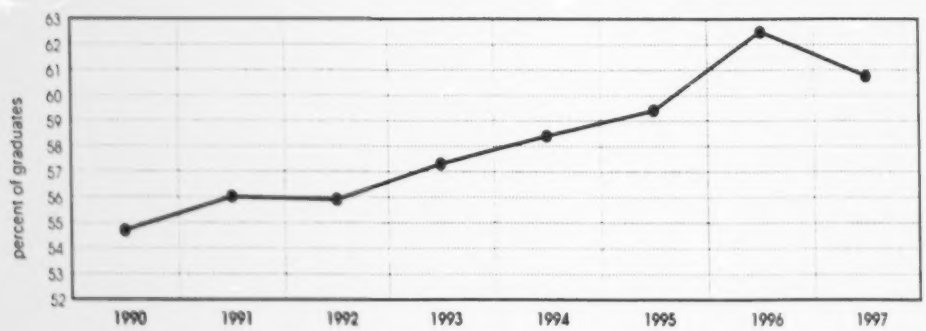


Rate /1,000 students	
1991-92	124.4
1992-93	128.9
1993-94	130.4
1994-95	134.5
1995-96	140.1
1996-97	144.9
1997-98	157.2

Source: *Maine Department of Education, Division of Special Services*

Children with a variety of disabilities, including learning disabilities, behavior impairments, speech and language impairments and developmental disabilities, receive supplemental services from their schools. The percent of all children enrolled in school who receive such services has increased each year in Maine.

Maine High School Graduates Planning to Attend Post-Secondary Education



Percent of Graduates	
1990	54.7
1991	56.0
1992	55.9
1993	57.3
1994	58.4
1995	59.4
1996	62.5
1997	60.7

Source: *Maine Department of Education, Division of Management Information*

Educational attainment reflects self-esteem and motivation and is a positive indicator of success in later life. Since 1990, an increased proportion of Maine high school graduates planned to attend post-secondary education, whether college or technical school.

BEST COPY AVAILABLE

State of MAINE

fast FACTS

Total Population: 1,243,316

Under 5 Years: 71,184

Aged 5-17: 223,132

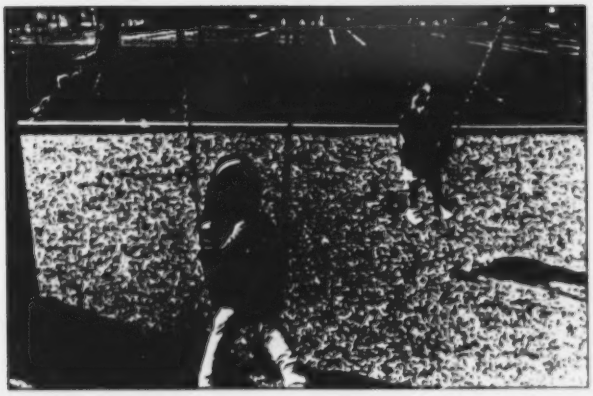
Children receiving subsidized school lunch, 1997/98 school year:

Total:	66,628
Free:	51,000
Reduced Price:	15,628

Children aged 0 – 17 participating in Medicaid, 1998: 82,415

Domestic assaults reported to police in 1997: 4,222

High school graduates planning to attend post-secondary school, 1996-1997 school year: 8,158



Alana Burns

General INFORMATION

		Number	Percent
	Under 5 years old	71,184	5.7%
	5-17 years old	223,132	17.9%
	0-17 years old	299,519	23.7%
	0-19 years old	333,100	26.8%
	10-17 years old	141231	11.4%
	18-64 years old	775,581	62.4%
	65 years and over	173,419	13.9%
Total Population - 1996 estimate		1,243,316	100.4%
Children aged 0-19 who are: (1996 est)	White	322,735	96.3%
	Asian and Pacific Islander	2,914	0.9%
	American Indian	2,055	0.6%
	African American	1,741	0.5%
	All other	5,772	1.7%
	Total	335,217	100.0%
Public School resident enrollment, 1997	Total	211,904	
	Grades K-8	152,693	72.1%
	Grades 9-12	59,211	27.9%
Private School resident enrollment, 1997	Total	14,664	
	Grades K-8	6,498	44.3%
	Grades 9-12	8,166	55.7%
Home-schooled students, 1997 annual average	Total	3,141	
	Grades K-8	2,465	78.5%
	Grades 9-12	676	21.5%
Total Public, Private, Home School		229,709	
Percent Public			92.2%
Percent Private			6.4%
Percent Home School			1.4%
▲ Children at or below federal poverty line, 1994		60,358	19.4%
Median household income, 1997 estimated		$34,641	

▲ This indicator has changed from that used in last year's Data Book. Please see each indicator's definition for the exact changes.

Child Well-Being

INDICATORS

= Percent Change from Maine KIDS COUNT 1998 Data Book
(indicators for which comparable data were included in the KIDS COUNT 1998 Data Book)

		Number	Rate or Percent	% Below / % Above (-50 -40 -30 -20 -10 0 +10 +20 +30 +40 +50)
▲ Children aged 0-17 on TANF, September 1998		24,746	8.3%	-10.8%
● Children aged 0-17 receiving food stamps, October 1998		40,581	13.5%	-4.4%
School children receiving subsidized school lunch, 1997-1998 school year, percent of public school total enrollment	Total	66,628	31.4%	1.3%
	Free	51,000	24.1%	-0.6%
	Reduced Price	15,628	7.4%	8.0%
Children aged 0-17 participating in Medicaid, 1998		82,415	27.5%	7.1%
Unemployed persons aged 16 and over, annual average, 1997		35,500	5.4%	4.1%
Births to unmarried teenaged mothers who have not completed 12 years of school; rate per 1,000 females aged 10 -19, five-year average, 1992-1996		716	8.4	-4.6%
Live births for which prenatal care began in the first trimester, 1996		12,346	89.7%	0.4%
Low birth-weight infants; live births under 2,500 grams (5.5 pounds) as a percent of all live births, 1995		809	5.9%	-3.8%
Infant mortality; rate per 1,000 live births, five-year average, 1992-1996		84	5.8	-11.6%
Pediatricians, family practitioners, and general practitioners (MDs and DOs); full time equivalent rate per 1,000 children aged 0-17, 1996		634.25	2.1	7.0%
General practice dentists; full time equivalent rate per 1,000 children aged 0-17, 1998		317.3	1.08	8.8%
Children under age 18 in Department of Human Services care or custody; rate per 1,000 children under age 18, July 1998		2,939	8.8	28.1%
Child deaths; rate per 10,000 children aged 1-14, five-year average, 1992-1996		52	2.2	-0.4
Teen deaths; rate per 10,000 children aged 15-19, five-year average, 1992-1996		51.6	6.0	-7.2%
Teen violent deaths; rate per 10,000 children aged 15-19, five-year average, 1992-1996		41.4	4.8	-8.4%
Child suicides; rate per 10,000 children aged 10-19, five-year average, 1992-1996		11.0	0.61	-9.8%
Domestic assaults reported to police, rate per 100,000 population, 1997		4,222	339.6	7.9%
Arrests of children aged 10-17; rate per 1,000 children, 1997		12,741	90.2	-1.7%
High school dropouts, 1996-1997 school year		1,981	3.0%	-2.1%
High school graduates planning to attend post-secondary school, 1996-1997 school year		8,158	60.7%	-10.2%
Individuals with disabilities aged 3-21 as reported to the Department of Education; rate per 1,000 students enrolled in public and private schools, 1996 -1997 school year		35,608	157.17	7.7%

● New Indicator

ANDROSCOGGIN County

fast FACTS

Total Population: 101,754

Under 5 Years: 5,917

Aged 5-17: 19,232

Children receiving subsidized school lunch, 1997/98 school year:

Total:	5,416
Free:	4,088
Reduced Price:	1,328

Children aged 0 – 17 participating in Medicaid, 1998: 7,244

Domestic assaults reported to police in 1997: 308

High school graduates planning to attend post-secondary school, 1996-1997 school year: 517

Paul Kennedy

General INFORMATION

		Number	Percent
Under 5 years old		5,917	5.8%
5-17 years old		19,232	18.9%
0-17 years old		25,149	24.7%
0-19 years old		28,117	27.6%
10-17 years old		11,858	11.7%
18-64 years old		62,875	61.8%
65 years and over		13,730	13.5%
Total Population - 1996 estimate		101,754	100.0%
Children aged 0-19 who are: (1996 est)	White	27,251	95.9%
	Asian and Pacific Islander	236	0.8%
	American Indian	60	0.2%
	African American	207	0.7%
	All other	671	2.4%
	Total	28,425	100.0%
Public School resident enrollment, 1997	Total	16,834	100.0%
	Grades K-8	11,988	71.2%
	Grades 9-12	4,846	28.8%
Private School resident enrollment, 1997	Total	1,490	100.0%
	Grades K-8	1,088	73.0%
	Grades 9-12	402	27.0%
Home-schooled students, 1997 annual average	Total	296	100.0%
	Grades K-8	229	77.3%
	Grades 9-12	67	22.7%
Total Public, Private, Home School			18,620
Percent Public			90.4%
Percent Private			8.0%
Percent Home School			1.6%
▲ Children at or below federal poverty line, 1994		5,677	21.2%
Median household income, 1993 estimated		$30,145	

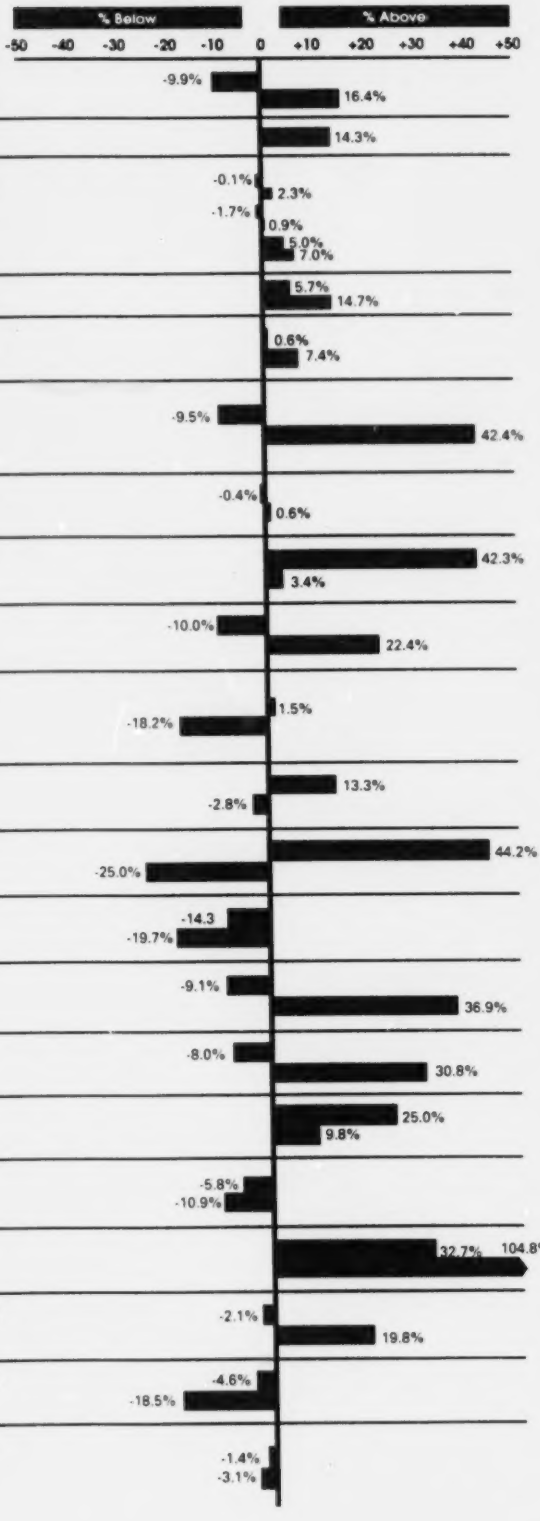
▲ This indicator has changed from that used in last year's Data Book. Please see each indicator's definition for the exact changes.

Child Well-Being INDICATORS

= Percent Change from Maine KIDS COUNT 1998 Data Book (Indicators for which comparable data were included in the KIDS COUNT 1998 Data Book)

= Percent Above or Below Statewide Average

		Number	Rate or Percent
▲ Children aged 0-17 on TANF, September 1998		2,419	9.6%
● Children aged 0-17 receiving food stamps, October 1998		3,893	15.5%
School children receiving subsidized school lunch, 1997-1998 school year, percent of public school total enrollment	Total	5,416	32.2%
	Free	4,088	24.3%
	Reduced Price	1,328	7.9%
Children aged 0-17 participating in Medicaid, 1998		7,244	28.8%
Unemployed persons aged 16 and over, annual average, 1997		3,370	5.8%
Births to unmarried teenaged mothers who have not completed 12 years of school; rate per 1,000 females aged 10 -19, five-year average, 1992-1996		88	12.0
Live births for which prenatal care began in the first trimester, 1996		1,090	90.2%
Low birth-weight infants; live births under 2,500 grams (5.5 pounds) as a percent of all live births, 1995		74	6.1%
Infant mortality; rate per 1,000 live births, five-year average, 1992-1996		9	7.1
Pediatricians, family practitioners, and general practitioners (MDs and DOs); full time equivalent rate per 1,000 children aged 0-17, 1996		44	1.7
General practice dentists; full time equivalent rate per 1,000 children aged 0-17, 1998		26.4	1.1
Children under age 18 in Department of Human Services care or custody; rate per 1,000 children under age 18, July 1998		186	6.6
Child deaths; rate per 10,000 children aged 1-14, five-year average, 1992-1996		4	1.7
Teen deaths; rate per 10,000 children aged 15-19, five-year average, 1992-1996		6	8.2
Teen violent deaths; rate per 10,000 children aged 15-19, five-year average, 1992-1996		5	6.3
Child suicides; rate per 10,000 children aged 10-19, five-year average, 1992-1996		1	0.7
Domestic assaults reported to police, rate per 100,000 population, 1997		308	302.7
Arrests of children aged 10-17; rate per 1,000 children, 1997		2,191	184.8
High school dropouts, 1996-1997 school year		187	3.6%
High school graduates planning to attend post-secondary school, 1996-1997 school year		517	49.5%
Individuals with disabilities aged 3-21 as reported to the Department of Education; rate per 1,000 students enrolled in public and private schools, 1996 -1997 school year		2,792	152.37



● New Indicator

AROOSTOOK County

fast FACTS

Total Population: 78,113

Under 5 Years: 3,999

Aged 5-17: 14,405

Children receiving subsidized school lunch, 1997/98 school year:

Total: 6,005
Free: 4,603
Reduced Price: 1,402

Children aged 0 – 17 participating in Medicaid, 1998: 6,514

Domestic assaults reported to police in 1997: 282

High school graduates planning to attend post-secondary school, 1996-1997 school year: 613

Alana Burns

General INFORMATION

		Number	Percent
Under 5 years old		3,999	5.1%
5-17 years old		14,405	18.4%
0-17 years old		18,404	23.6%
0-19 years old		20,340	26.0%
10-17 years old		9,263	11.9%
18-64 years old		47,913	61.3%
65 years and over		11,796	15.1%
Total Population - 1996 estimate		78,113	100.0%
Children aged 0-19 who are: (1996 est)	White	20,322	95.2%
	Asian and Pacific Islander	139	0.7%
	American Indian	287	1.3%
	African American	207	1.0%
	All other	396	1.9%
	Total	21,351	100.0%
Public School resident enrollment, 1997	Total	13,124	
	Grades K-8	8,937	68.1%
	Grades 9-12	4,187	31.9%
Private School resident enrollment, 1997	Total	20	
	Grades K-8	9	45.0%
	Grades 9-12	11	55.0%
Home-schooled students, 1997 annual average	Total	190	
	Grades K-8	146	76.8%
	Grades 9-12	44	23.2%
Total Public, Private, Home School		13,334	
Percent Public			98.4%
Percent Private			0.1%
Percent Home School			1.4%
▲ Children at or below federal poverty line, 1994		5,223	24.8%
Median household income, 1993 estimated		$22,667	

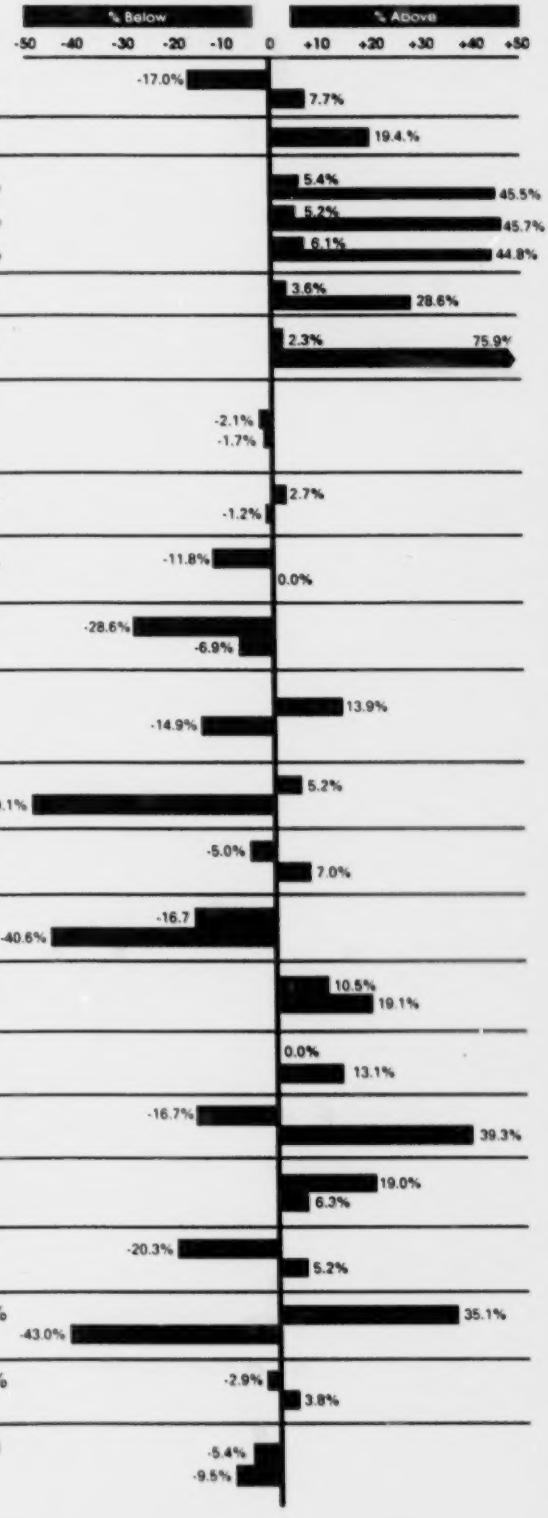
▲ This indicator has changed from that used in last year's Data Book. Please see each indicator's definition for the exact changes.

Child Well-Being INDICATORS

= Percent Change from Maine KIDS COUNT 1998 Data Book
(Indicators for which comparable data were included in the KIDS COUNT 1998 Data Book)

= Percent Above or Below Statewide Average

		Number	Rate or Percent
▲ Children aged 0-17 on TANF, September 1998		1,637	8.9%
● Children aged 0-17 receiving food stamps, October 1998		2,978	16.2%
School children receiving subsidized school lunch, 1997-1998 school year, percent of public school total enrollment	Total	6,005	45.8%
	Free	4,603	35.1%
	Reduced Price	1,402	10.7%
Children aged 0-17 participating in Medicaid, 1998		6,514	35.4%
Unemployed persons aged 16 and over, annual average, 1997		3,590	9.5%
Births to unmarried teenaged mothers who have not completed 12 years of school; rate per 1,000 females aged 10 -19, five-year average, 1992-1996		47	8.3
Live births for which prenatal care began in the first trimester, 1996		681	88.6%
Low birth-weight infants; live births under 2,500 grams (5.5 pounds) as a percent of all live births, 1995		45	5.9%
Infant mortality; rate per 1,000 live births, five-year average, 1992-1996		5	5.4
Pediatricians, family practitioners, and general practitioners (MDs and DOs); full time equivalent rate per 1,000 children aged 0-17, 1996		33.15	1.8
General practice dentists; full time equivalent rate per 1,000 children aged 0-17, 1998		10.2	0.6
Children under age 18 in Department of Human Services care or custody; rate per 1,000 children under age 18, July 1998		192	9.4
Child deaths; rate per 10,000 children aged 1-14, five-year average, 1992-1996		2	1.3
Teen deaths; rate per 10,000 children aged 15-19, five-year average, 1992-1996		4	7.2
Teen violent deaths; rate per 10,000 children aged 15-19, five-year average, 1992-1996		3	5.5
Child suicides; rate per 10,000 children aged 10-19, five-year average, 1992-1996		1	0.9
Domestic assaults reported to police, rate per 100,000 population, 1997		282	361.0
Arrests of children aged 10-17; rate per 1,000 children, 1997		879	94.9
High school dropouts, 1996-1997 school year		77	1.7%
High school graduates planning to attend post-secondary school, 1996-1997 school year		613	63.0%
Individuals with disabilities aged 3-21 as reported to the Department of Education; rate per 1,000 students enrolled in public and private schools, 1996 -1997 school year		1,869	142.19



● New Indicator

CUMBERLAND County

fast FACTS

Total Population: 251,087

Under 5 Years: 15,315

Aged 5-17: 43,227

Children receiving subsidized school lunch, 1997/98 school year:

Total: 9,101
Free: 6,980
Reduced Price: 2,121

Children aged 0 – 17 participating in Medicaid, 1998: 12,451

Domestic assaults reported to police in 1997: 984

High school graduates planning to attend post-secondary school, 1996-1997 school year: 1,392

Michelle Stapleton

General INFORMATION

		Number	Percent
Under 5 years old		15,315	6.1%
5-17 years old		43,227	17.2%
0-17 years old		58,542	23.3%
0-19 years old		65,367	26.0%
10-17 years old		26,000	10.4%
18-64 years old		158,866	63.3%
65 years and over		33,679	13.4%
Total Population - 1996 estimate		251,087	100.0%
Children aged 0-19 who are: (1996 est)	White	60,779	95.5%
	Asian and Pacific Islander	990	1.6%
	American Indian	173	0.3%
	African American	481	0.8%
	All other	1,239	1.9%
	Total	63,662	100.0%
Public School resident enrollment, 1997	Total	42,387	
	Grades K-8	30,099	71.0%
	Grades 9-12	12,288	29.0%
Private School resident enrollment, 1997	Total	3454	
	Grades K-8	2016	58.4%
	Grades 9-12	1438	41.6%
Home-schooled students, 1997 annual average	Total	353	
	Grades K-8	288	81.7%
	Grades 9-12	64	18.3%
Total Public, Private, Home School		46,194	
Percent Public			91.8%
Percent Private			7.5%
Percent Home School			0.8%
▲ Children at or below federal poverty line, 1994		9093	15.7%
Median household income, 1993 estimated		$35,186	

▲ This indicator has changed from that used in last year's Data Book. Please see each indicator's definition for the exact changes.

Child Well-Being

INDICATORS

= Percent Change from Maine KIDS COUNT 1998 Data Book (indicators for which comparable data were included in the KIDS COUNT 1998 Data Book)

= Percent Above or Below Statewide Average

		Number	Rate or Percent	% Below / % Above (-50 -40 -30 -20 -10 0 +10 +20 +30 +40 +50)
▲ Children aged 0-17 on TANF, September 1998		4,124	7.0%	-13.0% -14.7%
● Children aged 0-17 receiving food stamps, October 1998		6,297	10.8%	-20.6%
School children receiving subsidized school lunch, 1997-1998 school year, percent of public school total enrollment	Total	9,101	21.5%	-31.7% 0.2%
	Free	6,980	16.5%	-31.6% -1.2%
	Reduced Price	2,121	5.0%	-32.2% 5.2%
Children aged 0-17 participating in Medicaid, 1998		12,451	21.3%	-22.7% 7.2%
Unemployed persons aged 16 and over, annual average, 1997		4,060	2.9%	-46.3% -1.5%
Births to unmarried teenaged mothers who have not completed 12 years of school; rate per 1,000 females aged 10 -19, five-year average, 1992-1996		107	6.9	-17.7% -4.0%
Live births for which prenatal care began in the first trimester, 1996		2,896	93.9%	3.8% 4.7%
Low birth-weight infants; live births under 2,500 grams (5.5 pounds) as a percent of all live births, 1995		177	5.7%	-3.4% 1.1%
Infant mortality; rate per 1,000 live births, five-year average, 1992-1996		17	5.3%	-8.6% 0.0%
Pediatricians, family practitioners, and general practitioners (MDs and DOs); full time equivalent rate per 1,000 children aged 0-17, 1996		158.63	2.7	7.2% 28.0%
General practice dentists; full time equivalent rate per 1,000 children aged 0-17, 1998		93.9	1.6	6.8% 48.
Children under age 18 in Department of Human Services care or custody; rate per 1,000 children under age 18, July 1998		535	8.2	-7.2% 18.9%
Child deaths; rate per 10,000 children aged 1-14, five-year average, 1992-1996		7.8	1.7	-21.9% -7.1
Teen deaths; rate per 10,000 children aged 15-19, five-year average, 1992-1996		6	3.7	-38.1% -17.1%
Teen violent deaths; rate per 10,000 children aged 15-19, five-year average, 1992-1996		4.8	3.1	-36.1% -20.0%
Child suicides; rate per 10,000 children aged 10-19, five-year average, 1992-1996		1	0.3	-59.0% 150.0%
Domestic assaults reported to police, rate per 100,000 population, 1997		984	391.9	2.3% 15.4%
Arrests of children aged 10-17; rate per 1,000 children, 1997		2,312	88.9	-0.7% -1.4%
High school dropouts, 1996-1997 school year		421	3.9%	16.9% 30.9%
High school graduates planning to attend post-secondary school, 1996-1997 school year		1,392	68.0%	-6.9% 12.0%
Individuals with disabilities aged 3-21 as reported to the Department of Education; rate per 1,000 students enrolled in public and private schools, 1996 -1997 school year		5,791	126.3	-19.6% 5.6%

● New Indicator

FRANKLIN County

fast FACTS

Total Population: 29,200

Under 5 Years: 1,515

Aged 5-17: 5,555

Children receiving subsidized school lunch, 1997/98 school year:

Total:	2,059
Free:	1,621
Reduced Price:	438

Children aged 0 – 17 participating in Medicaid, 1998: 2,462

Domestic assaults reported to police in 1997: 92

High school graduates planning to attend post-secondary school, 1996-1997 school year: 206

Polly Campbell

General INFORMATION

		Number	Percent
Under 5 years old		1,515	5.2%
5-17 years old		5,555	19.0%
0-17 years old		7,070	24.2%
0-19 years old		8,312	28.5%
10-17 years old		3,607	12.4%
18-64 years old		18,356	62.9%
65 years and over		3,774	12.9%
Total Population - 1996 estimate		29,200	100.0%
Children aged 0-19 who are: (1996 est)	White	8,214	98.1%
	Asian and Pacific Islander	31	0.4%
	American Indian	20	0.2%
	African American	13	0.2%
	All other	94	1.1%
	Total	8,372	100.0%
Public School resident enrollment, 1997	Total	5,393	
	Grades K-8	3,817	70.8%
	Grades 9-12	1,576	29.2%
Private School resident enrollment, 1997	Total	70	
	Grades K-8	0	0.0%
	Grades 9-12	70	100.0%
Home-schooled students, 1997 annual average	Total	133	
	Grades K-8	97.5	73.3%
	Grades 9-12	35.5	26.7%
Total Public, Private, Home School		5,596	
Percent Public			96.4%
Percent Private			1.3%
Percent Home School			2.4%
▲ Children at or below federal poverty line, 1994		1574	20.5%
Median household income, 1993 estimated		$27,267	

▲ This indicator has changed from that used in last year's Data Book. Please see each indicator's definition for the exact changes.

MAINE CHILDREN'S ALLIANCE

Dear Reader:

This letter is to bring your attention to errors that have been found in the current printing of the 1999 Maine KIDS COUNT Data Book. We would like to take this opportunity to explain these errors. In addition, we would like to call your attention to our web site, www.mekids.org, which is continuously updated with the most recent data and information regarding children and families.

- The "Child Well-Being Indicators" pages for Franklin and Kennebec Counties were reversed. In the published book, the indicators on page 39 are actually for Franklin County, while page 35 contains the indicators for Kennebec County. To correct the problem and alleviate any confusion, we have enclosed newly printed pages for these two counties that you may insert into your data books.

- On page 17, ten indicators are incorrectly marked with a percentage sign when they should be rates per 1,000. Please disregard the % marks for all indicators that are defined in the text as rates.

- New Federal Poverty Levels were issued on March 18, 1999. Please make note of the following changes in the income eligibility guidelines for Expanded Medicaid and Cub Care that were listed on Page 6.

Family Size	Expanded Medicaid	Cub Care
1	$1,030	$1,271
2	$1,383	$1,706
3	$1,735	$2,140
4	$2,088	$2,575
5	$2,440	$3,010
6	$2,793	$3,445
Each additional member	$ 353	$ 435

- Population totals on the State of Maine page 26 were misstated. please change the following: 5-17 year olds should be 228,335, 10-17 year olds should be 143,802, and 18-64 year olds should be 770,378.

- In Penobscot County, page 47, Teen Deaths should be 5 with a rate of 4.4.

- The Maine Department of Education aggregates data from private schools in the State as one group, without regard to the county in which the private school is situated. There are two State totals that need explication because of this. On page 27, the 1,981 High School dropouts include 90 private school dropouts that are not accounted for in the separate county pages. Similarly, the 8,158 high school graduates planning to attend post-secondary school, includes 725 private school students who are not accounted for in the separate county pages.

- On page 27, the individuals with disabilities aged 3-21 total is incorrect. The total, which is reflected on page 21 as well, should be 33,739. The reporting period on this indicator on the State and County pages should be 1997 - 1998.

Please feel free to call the Maine Children's Alliance if you need further clarification. And again, please check our web site for the most current and complete information.

Sincerely,

lynn davey

Lynn Davey, Ph.D.
Kids Count Director

Our mission is to be a strong and powerful voice to improve the lives of Maine's children, youth and families
P.O. Box 2446, Augusta, Maine 04338-2446 • 207/623-1868 • 207/626-3302 (fax) • MaineKids1@aol.com • www.mekids.org

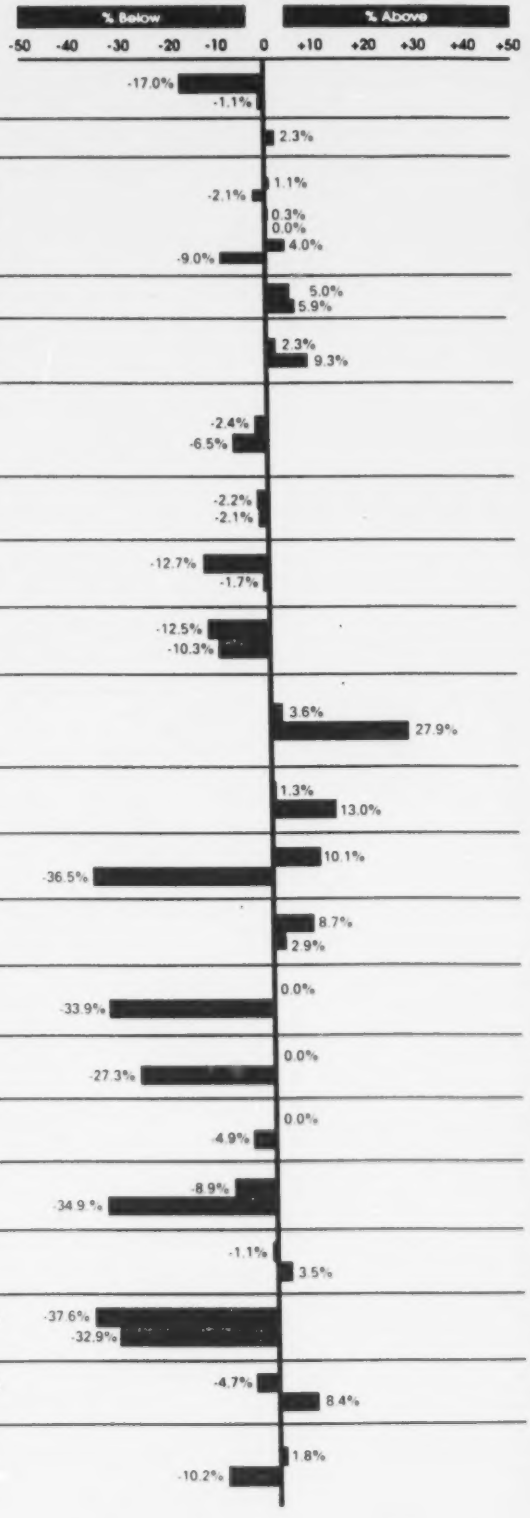
Kennebec County

Child Well-Being INDICATORS

= Percent Change from Maine KIDS COUNT 1998 Data Book (Indicators for which comparable data were included in the KIDS COUNT 1998 Data Book)

= Percent Above or Below Statewide Average

		Number	Rate or Percent
▲ Children aged 0-17 on TANF, September 1998		2,253	8.2%
● Children aged 0-17 receiving food stamps, October 1998		3,821	13.9%
School children receiving subsidized school lunch, 1997-1998 school year, percent of public school total enrollment	Total	6,131	30.8%
	Free	4,794	24.1%
	Reduced Price	1,337	6.7%
Children aged 0-17 participating in Medicaid, 1998		8,034	29.1%
Unemployed persons aged 16 and over, annual average, 1997		3,560	5.9%
Births to unmarried teenaged mothers who have not completed 12 years of school; rate per 1,000 females aged 10 -19, five-year average, 1992-1996		66	7.9
Live births for which prenatal care began in the first trimester, 1996		1,052	87.8%
Low birth-weight infants; live births under 2,500 grams (5.5 pounds) as a percent of all live births, 1995		69	5.8%
Infant mortality; rate per 1,000 live births, five-year average, 1992-1996		7	5.2
Pediatricians, family practitioners, and general practitioners (MDs and DOs); full time equivalent rate per 1,000 children aged 0-17, 1996		74.7	2.7
General practice dentists; full time equivalent rate per 1,000 children aged 0-17, 1998		33.6	1.2
Children under age 18 in Department of Human Services care or custody; rate per 1,000 children under age 18, July 1998		175	5.6
Child deaths; rate per 10,000 children aged 1-14, five-year average, 1992-1996		5	2.2
Teen deaths; rate per 10,000 children aged 15-19, five-year average, 1992-1996		3	4.0
Teen violent deaths; rate per 10,000 children aged 15-19, five-year average, 1992-1996		3	3.5
Child suicides; rate per 10,000 children aged 10-19, five-year average, 1992-1996		1	0.6
Domestic assaults reported to police, rate per 100,000 population, 1997		257	221.1
Arrests of children aged 10-17; rate per 1,000 children, 1997		1,284	93.3
High school dropouts, 1996-1997 school year		113	2.0%
High school graduates planning to attend post-secondary school, 1996-1997 school year		713	65.8%
Individuals with disabilities aged 3-21 as reported to the Department of Education; rate per 1,000 students enrolled in public and private schools, 1996 -1997 school year		3,031	141.21



● New Indicator

BEST COPY AVAILABLE

HANCOCK County

fast FACTS

Total Population: 49,500

Under 5 Years: 2,676

Aged 5-17: 9,051

Children receiving subsidized school lunch, 1997/98 school year:

Total:	2,480
Free:	1,837
Reduced Price:	643

Children aged 0 – 17 participating in Medicaid, 1998: 2,798

Domestic assaults reported to police in 1997: 124

High school graduates planning to attend post-secondary school, 1996-1997 school year: 254

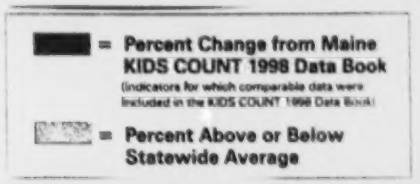
Chris Haines

General INFORMATION

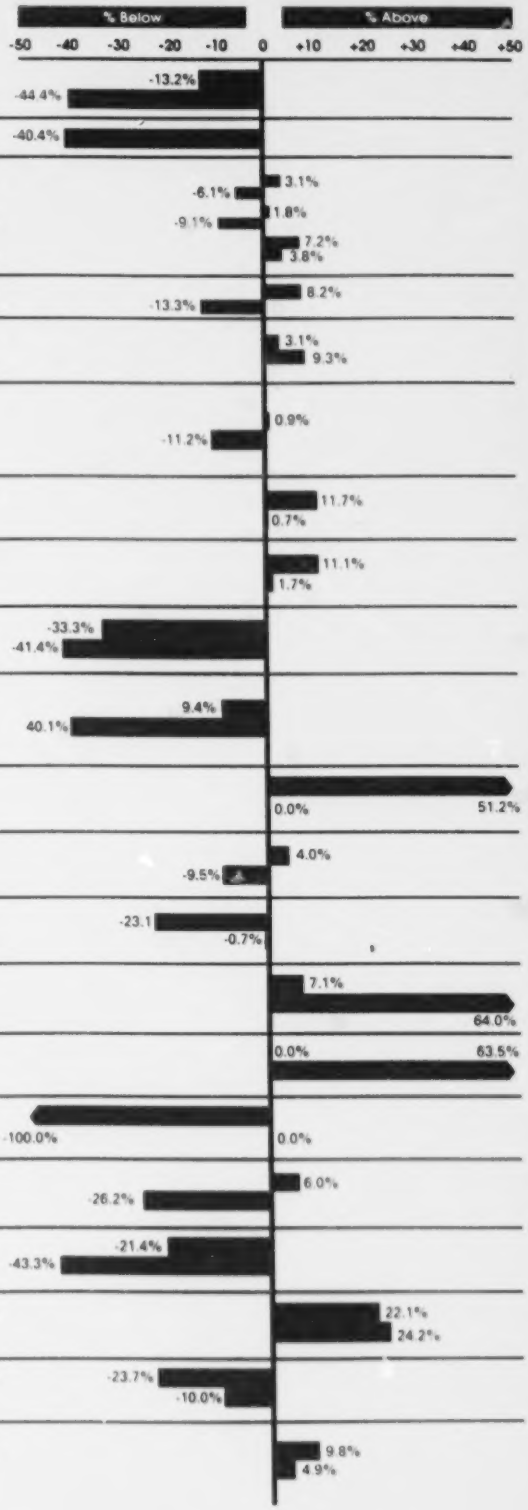
		Number	Percent
Under 5 years old		2,676	5.4%
5-17 years old		9,051	18.3%
0-17 years old		11,727	23.7%
0-19 years old		12,900	26.1%
10-17 years old		5,749	11.6%
18-64 years old		30,133	60.9%
65 years and over		7,640	15.4%
Total Population - 1996 estimate		49,500	100.0%
Children aged 0-19 who are: (1996 est)	White	12,184	96.9%
	Asian and Pacific Islander	61	0.5%
	American Indian	51	0.4%
	African American	34	0.3%
	All other	238	1.9%
	Total	12,568	100.0%
Public School resident enrollment, 1997	Total	8,400	
	Grades K-8	6,224	74.1%
	Grades 9-12	2,176	25.9%
Private School resident enrollment, 1997	Total	535	
	Grades K-8	109	20.4%
	Grades 9-12	426	79.6%
Home-schooled students, 1997 annual average	Total	148	
	Grades K-8	130	87.8%
	Grades 9-12	18	12.2%
Total Public, Private, Home School		9,083	
Percent Public			92.5%
Percent Private			5.9%
Percent Home School			1.6%
▲ Children at or below federal poverty line, 1994		1,964	16.8%
Median household income, 1993 estimated		$28,954	

▲ This indicator has changed from that used in last year's Data Book. Please see each indicator's definition for the exact changes.

Child Well-Being
INDICATORS


= Percent Change from Maine KIDS COUNT 1998 Data Book
(Indicators for which comparable data were included in the KIDS COUNT 1998 Data Book)
= Percent Above or Below Statewide Average

		Number	Rate or Percent
▲ Children aged 0-17 on TANF, September 1998		539	4.6%
● Children aged 0-17 receiving food stamps, October 1998		947	8.1%
School children receiving subsidized school lunch, 1997-1998 school year, percent of public school total enrollment	Total	2,480	29.5%
	Free	1,837	21.9%
	Reduced Price	643	7.7%
Children aged 0-17 participating in Medicaid, 1998		2,798	23.9%
Unemployed persons aged 16 and over, annual average, 1997		1,640	5.9%
Births to unmarried teenaged mothers who have not completed 12 years of school; rate per 1,000 females aged 10 -19, five-year average, 1992-1996		23	7.5
Live births for which prenatal care began in the first trimester, 1996		448	90.3%
Low birth-weight infants; live births under 2,500 grams (5.5 pounds) as a percent of all live births, 1995		30	6.0%
Infant mortality; rate per 1,000 live births, five-year average, 1992-1996		2	3.4
Pediatricians, family practitioners, and general practitioners (MDs and DOs); full time equivalent rate per 1,000 children aged 0-17, 1996		34.80	3.0
General practice dentists; full time equivalent rate per 1,000 children aged 0-17, 1998		12.7	1.1
Children under age 18 in Department of Human Services care or custody; rate per 1,000 children under age 18, July 1998		103	8.0
Child deaths; rate per 10,000 children aged 1-14, five-year average, 1992-1996		2	2.2
Teen deaths; rate per 10,000 children aged 15-19, five-year average, 1992-1996		3	9.9
Teen violent deaths; rate per 10,000 children aged 15-19, five-year average, 1992-1996		2.4	7.9
Child suicides; rate per 10,000 children aged 10-19, five-year average, 1992-1996		0	0.6
Domestic assaults reported to police, rate per 100,000 population, 1997		124	250.5
Arrests of children aged 10-17; rate per 1,000 children, 1997		294	51.1
High school dropouts, 1996-1997 school year		83	3.7%
High school graduates planning to attend post-secondary school, 1996-1997 school year		254	54.6%
Individuals with disabilities aged 3-21 as reported to the Department of Education; rate per 1,000 students enrolled in public and private schools, 1996 -1997 school year		1,473	164.86



● New Indicator

KENNEBEC County

fast FACTS

Total Population: 116,214

Under 5 Years: 6,305

Aged 5-17: 21,266

Children receiving subsidized school lunch, 1997/98 school year:

Total:	6,131
Free:	4,794
Reduced Price:	1,337

Children aged 0 – 17 participating in Medicaid, 1998: 8,034

Domestic assaults reported to police in 1997: 257

High school graduates planning to attend post-secondary school, 1996-1997 school year: 713

Polly Campbell

General INFORMATION

		Number	Percent
	Under 5 years old	6,305	5.4%
	5-17 years old	21,266	18.3%
	0-17 years old	27,571	23.7%
	0-19 years old	31,259	26.9%
	10-17 years old	13,757	11.8%
	18-64 years old	72,692	62.6%
	65 years and over	15,951	13.7%
Total Population - 1996 estimate		116,214	100.0%
Children aged 0-19 who are: (1996 est)	White	31,066	97.2%
	Asian and Pacific Islander	239	0.7%
	American Indian	107	0.3%
	African American	97	0.3%
	All other	456	1.4%
	Total	31,965	100.0%
Public School resident enrollment, 1997	Total	19,923	
	Grades K-8	14,599	73.3%
	Grades 9-12	5,324	26.7%
Private School resident enrollment, 1997	Total	1,542	
	Grades K-8	707	45.8%
	Grades 9-12	835	54.2%
Home-schooled students, 1997 annual average	Total	206	
	Grades K-8	168.5	81.8%
	Grades 9-12	37.5	18.2%
Total Public, Private, Home School		21,671	
Percent Public			91.9%
Percent Private			7.1%
Percent Home School			1.0%
▲ Children at or below federal poverty line, 1994		5,279	17.8%
Median household income, 1993 estimated		$32,609	

▲ This indicator has changed from that used in last year's Data Book. Please see each indicator's definition for the exact changes.

Franklin County

Child Well-Being INDICATORS

= Percent Change from Maine KIDS COUNT 1998 Data Book (indicators for which comparable data were included in the KIDS COUNT 1998 Data Book)

= Percent Above or Below Statewide Average

		Number	Rate or Percent	% Below / % Above (-50 -40 -30 -20 -10 0 +10 +20 +30 +40 +50)
▲ Children aged 0-17 on TANF, September 1998		630	8.9%	-18.5%; 7.9%
● Children aged 0-17 receiving food stamps, October 1998		1,166	16.5%	-21.7%
School children receiving subsidized school lunch, 1997-1998 school year, percent of public school total enrollment	Total	2,059	38.2%	3.7%; 21.4%
	Free	1,621	30.1%	1.8%; 24.9%
	Reduced Price	438	8.1%	11.7%; 10.1%
Children aged 0-17 participating in Medicaid, 1998		2,462	34.8%	8.5%; 26.6%
Unemployed persons aged 16 and over, annual average, 1997		1,190	8.0%	19.0%; 48.1%
Births to unmarried teenaged mothers who have not completed 12 years of school; rate per 1,000 females aged 10 -19, five-year average, 1992-1996		17	7.3	-3.3%; -13.6%
Live births for which prenatal care began in the first trimester, 1996		271	90.0%	10.2%; 0.3%
Low birth-weight infants; live births under 2,500 grams (5.5 pounds) as a percent of all live births, 1995		11	3.7%	-38.9%; -37.3%
Infant mortality; rate per 1,000 live births, five-year average, 1992-1996		2	6.3	0.0%; 8.6%
Pediatricians, family practitioners, and general practitioners (MDs and DOs); full time equivalent rate per 1,000 children aged 0-17, 1996		13.2	1.9	-23.7%; -11.8%
General practice dentists; full time equivalent rate per 1,000 children aged 0-17, 1998		5.8	0.8	12.1%; -24.1%
Children under age 18 in Department of Human Services care or custody; rate per 1,000 children under age 18, July 1998		39	4.7	18.2%; -46.8%
Child deaths; rate per 10,000 children aged 1-14, five-year average, 1992-1996		1.6	2.8	-11.1; 28.6%
Teen deaths; rate per 10,000 children aged 15-19, five-year average, 1992-1996		1	3.2	-55.6%; -47.1%
Teen violent deaths; rate per 10,000 children aged 15-19, five-year average, 1992-1996		0.4	1.6	-75.0%; -67.0%
Child suicides; rate per 10,000 children aged 10-19, five-year average, 1992-1996		0	0.8	-100.0%; 37.7%
Domestic assaults reported to police, rate per 100,000 population, 1997		92	315.1	8.2%; -7.2%
Arrests of children aged 10-17; rate per 1,000 children, 1997		252	69.9	-19.5%; -22.6%
High school dropouts, 1996-1997 school year		25	1.5%	-45.7%; -49.7%
High school graduates planning to attend post-secondary school, 1996-1997 school year		206	60.6%	-20.5%; -0.2%
Individuals with disabilities aged 3-21 as reported to the Department of Education; rate per 1,000 students enrolled in public and private schools, 1996 -1997 school year		858	157.06	-0.1%; -0.1%

● New Indicator

KNOX County

fast FACTS

Total Population: 37,487

Under 5 Years: 2,009

Aged 5-17: 6,835

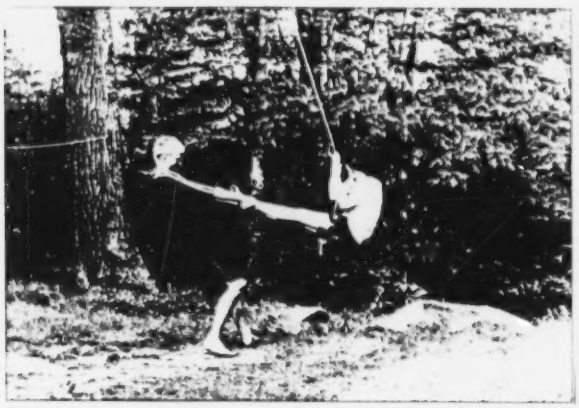
Children receiving subsidized school lunch, 1997/98 school year:

Total:	1,606
Free:	1,172
Reduced Price:	434

Children aged 0 – 17 participating in Medicaid, 1998: 2,426

Domestic assaults reported to police in 1997: 109

High school graduates planning to attend post-secondary school, 1996-1997 school year: 165



Polly Campbell

General INFORMATION

		Number	Percent
Under 5 years old		2,009	5.4%
5-17 years old		6,835	18.2%
0-17 years old		8,844	23.6%
0-19 years old		9,561	25.5%
10-17 years old		4,394	11.7%
18-64 years old		22,156	59.1%
65 years and over		6,487	17.3%
Total Population - 1996 estimate		37,487	100.0%
Children aged 0-19 who are: (1996 est)	White	9,297	97.7%
	Asian and Pacific Islander	36	0.4%
	American Indian	34	0.4%
	African American	14	0.1%
	All other	136	1.4%
	Total	9,517	100.0%
Public School resident enrollment, 1997	Total	5,764	
	Grades K-8	4,317	74.9%
	Grades 9-12	1,447	25.1%
Private School resident enrollment, 1997	Total	188	
	Grades K-8	158	84.0%
	Grades 9-12	30	16.0%
Home-schooled students, 1997 annual average	Total	53	
	Grades K-8	40	75.5%
	Grades 9-12	13	24.5%
Total Public, Private, Home School		6,005	
Percent Public			96.0%
Percent Private			3.1%
Percent Home School			0.9%
▲ Children at or below federal poverty line, 1994		1,850	20.5%
Median household income, 1993 estimated		$28,375	

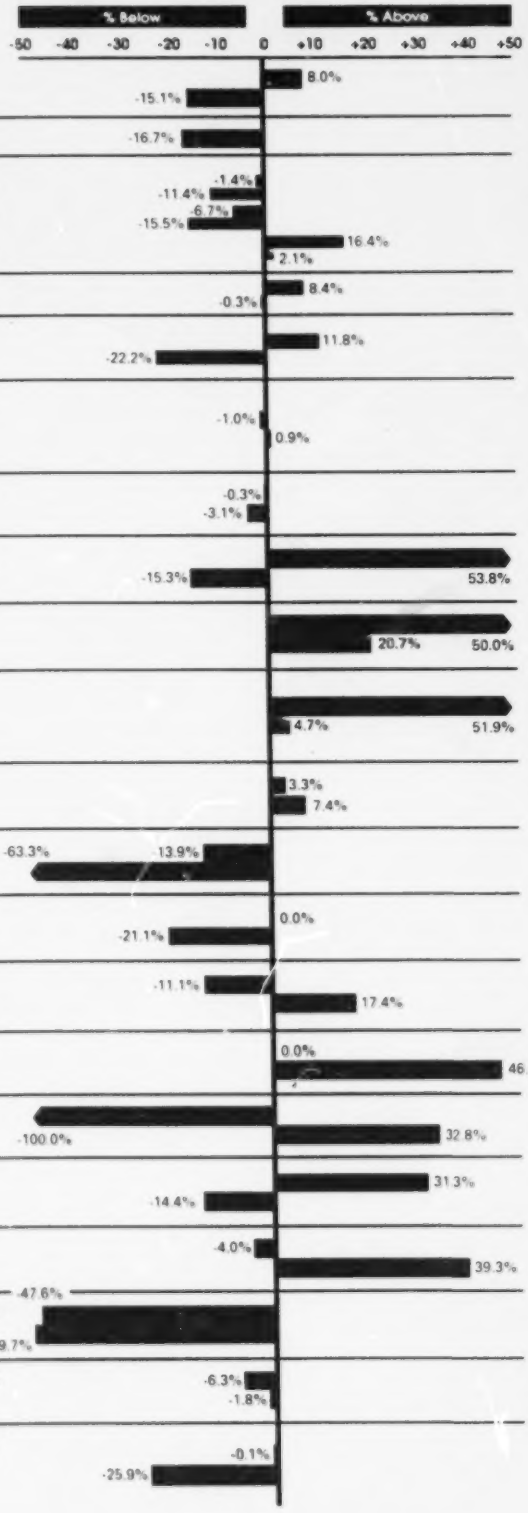
▲ This indicator has changed from that used in last year's Data Book. Please see each indicator's definition for the exact changes.

Child Well-Being INDICATORS

= Percent Change from Maine KIDS COUNT 1998 Data Book
(Indicators for which comparable data were included in the KIDS COUNT 1998 Data Book)

= Percent Above or Below Statewide Average

		Number	Rate or Percent
▲ Children aged 0-17 on TANF, September 1998		620	7.0%
● Children aged 0-17 receiving food stamps, October 1998		998	11.3%
School children receiving subsidized school lunch, 1997-1998 school year, percent of public school total enrollment	Total	1,606	27.9%
	Free	1,172	20.3%
	Reduced Price	434	7.5%
Children aged 0-17 participating in Medicaid, 1998		2,426	27.4%
Unemployed persons aged 16 and over, annual average, 1997		850	4.2%
Births to unmarried teenaged mothers who have not completed 12 years of school; rate per 1,000 females aged 10 -19, five-year average, 1992-1996		21	8.5
Live births for which prenatal care began in the first trimester, 1996		345	86.9%
Low birth-weight infants; live births under 2,500 grams (5.5 pounds) as a percent of all live births, 1995		20	5.0%
Infant mortality; rate per 1,000 live births, five-year average, 1992-1996		3	7.0
Pediatricians, family practitioners, and general practitioners (MDs and DOs); full time equivalent rate per 1,000 children aged 0-17, 1996		19.60	2.2
General practice dentists; full time equivalent rate per 1,000 children aged 0-17, 1998		10.2	1.2
Children under age 18 in Department of Human Services care or custody; rate per 1,000 children under age 18, July 1998		31	3.2
Child deaths; rate per 10,000 children aged 1-14, five-year average, 1992-1996		1.2	1.7
Teen deaths; rate per 10,000 children aged 15-19, five-year average, 1992-1996		2	7.1
Teen violent deaths; rate per 10,000 children aged 15-19, five-year average, 1992-1996		1.6	7.1
Child suicides; rate per 10,000 children aged 10-19, five-year average, 1992-1996		0	0.8
Domestic assaults reported to police, rate per 100,000 population, 1997		109	290.8
Arrests of children aged 10-17; rate per 1,000 children, 1997		552	125.6
High school dropouts, 1996-1997 school year		22	1.5%
High school graduates planning to attend post-secondary school, 1996-1997 school year		165	59.5%
Individuals with disabilities aged 3-21 as reported to the Department of Education; rate per 1,000 students enrolled in public and private schools, 1996 -1997 school year		693	116.43



● New Indicator

LINCOLN County

fast FACTS

Total Population: 32,303

Under 5 Years: 1,660

Aged 5-17: 6,834

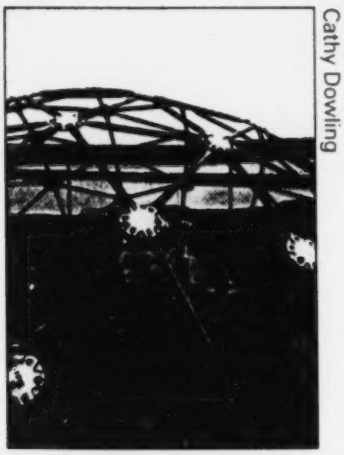
Children receiving subsidized school lunch, 1997/98 school year:

Total: 1,578
Free: 1,143
Reduced Price: 435

Children aged 0 – 17 participating in Medicaid, 1998: 1,791

Domestic assaults reported to police in 1997: 82

High school graduates planning to attend post-secondary school, 1996-1997 school year: 173



Cathy Dowling

General INFORMATION

		Number	Percent
Under 5 years old		1,660	5.1%
5-17 years old		6,834	21.2%
0-17 years old		8,494	26.3%
0-19 years old		8,124	25.1%
10-17 years old		3,807	11.8%
18-64 years old		18,369	56.9%
65 years and over		5,440	16.8%
Total Population - 1996 estimate		32,303	100.0%
Children aged 0-19 who are: (1996 est)	White	8,012	97.4%
	Asian and Pacific Islander	26	0.3%
	American Indian	46	0.6%
	African American	13	0.2%
	All other	127	1.5%
	Total	8,224	100.0%
Public School resident enrollment, 1997	Total	5,403	
	Grades K-8	3,974	73.6%
	Grades 9-12	1,429	26.4%
Private School resident enrollment, 1997	Total	565	
	Grades K-8	75	13.3%
	Grades 9-12	490	86.7%
*Home-schooled students, 1997 annual average	Total	111	
	Grades K-8	84	76.0%
	Grades 9-12	27	24.0%
Total Public, Private, Home School		6,079	
Percent Public			88.9%
Percent Private			9.3%
Percent Home School			1.8%
▲ Children at or below federal poverty line, 1994		1,271	16.5%
Median household income, 1993 estimated		$31,350	

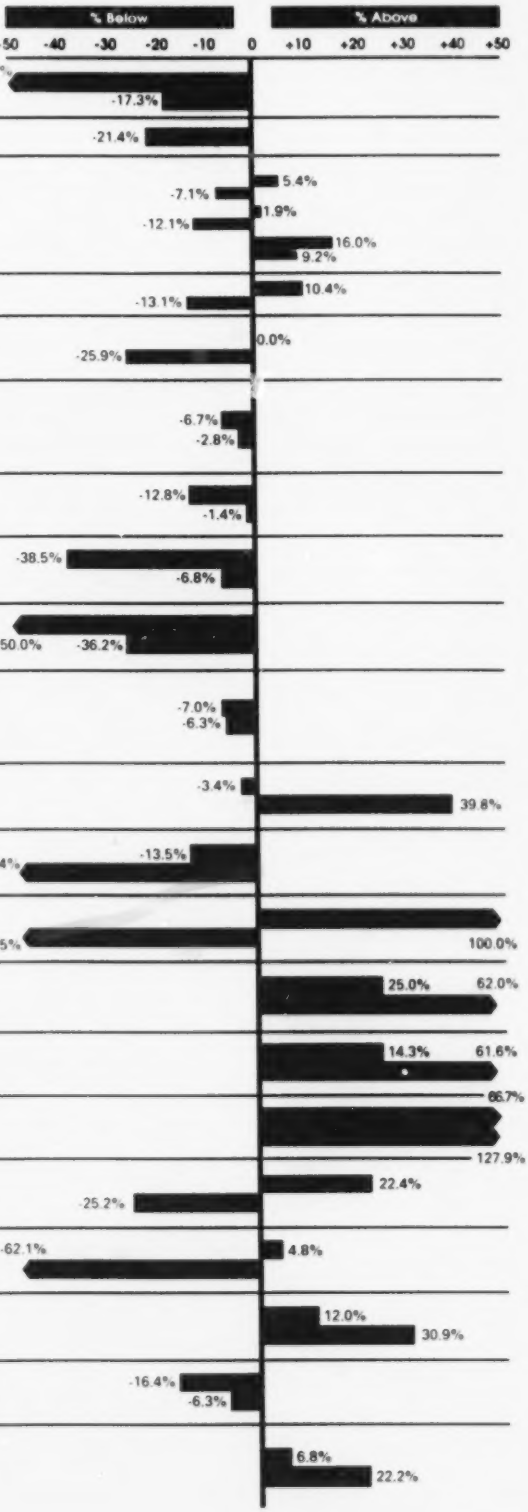
▲ This indicator has changed from that used in last year's Data Book. Please see each indicator's definition for the exact changes.

Child Well-Being
INDICATORS

= Percent Change from Maine KIDS COUNT 1998 Data Book (Indicators for which comparable data were included in the KIDS COUNT 1998 Data Book)

= Percent Above or Below Statewide Average

		Number	Rate or Percent
▲ Children aged 0-17 on TANF, September 1998		512	6.8%
● Children aged 0-17 receiving food stamps, October 1998		798	10.6%
School children receiving subsidized school lunch, 1997-1998 school year, percent of public school total enrollment	Total	1,578	29.2%
	Free	1,143	21.2%
	Reduced Price	435	8.1%
Children aged 0-17 participating in Medicaid, 1998		1,791	23.9%
Unemployed persons aged 16 and over, annual average, 1997		680	4.0%
Births to unmarried teenaged mothers who have not completed 12 years of school; rate per 1,000 females aged 10 -19, five-year average, 1992-1996		17	8.2
Live births for which prenatal care began in the first trimester, 1996		258	88.4%
Low birth-weight infants; live births under 2,500 grams (5.5 pounds) as a percent of all live births, 1995		16	5.5%
Infant mortality; rate per 1,000 live births, five-year average, 1992-1996		1	3.7
Pediatricians, family practitioners, and general practitioners (MDs and DOs); full time equivalent rate per 1,000 children aged 0-17, 1996		14.88	2.0
General practice dentists; full time equivalent rate per 1,000 children aged 0-17, 1998		11.3	1.5
Children under age 18 in Department of Human Services care or custody; rate per 1,000 children under age 18, July 1998		32	3.9
Child deaths; rate per 10,000 children aged 1-14, five-year average, 1992-1996		0.4	0.7
Teen deaths; rate per 10,000 children aged 15-19, five-year average, 1992-1996		2	9.7
Teen violent deaths; rate per 10,000 children aged 15-19, five-year average, 1992-1996		1.6	7.8
Child suicides; rate per 10,000 children aged 10-19, five-year average, 1992-1996		1	1.4
Domestic assaults reported to police, rate per 100,000 population, 1997		82	253.8
Arrests of children aged 10-17; rate per 1,000 children, 1997		130	34.1
High school dropouts, 1996-1997 school year		56	3.9%
High school graduates planning to attend post-secondary school, 1996-1997 school year		173	56.9%
Individuals with disabilities aged 3-21 as reported to the Department of Education; rate per 1,000 students enrolled in public and private schools, 1996 -1997 school year		1,146	192.02



● New Indicator

OXFORD County

fast FACTS

Total Population: 53,797

Under 5 Years: 2,931

Aged 5-17: 10,540

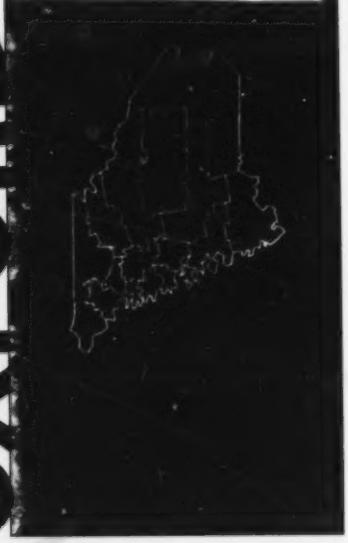
Children receiving subsidized school lunch, 1997/98 school year:

Total:	3,997
Free:	3,060
Reduced Price:	937

Children aged 0 – 17 participating in Medicaid, 1998: 4,108

Domestic assaults reported to police in 1997: 131

High school graduates planning to attend post-secondary school, 1996-1997 school year: 289



Katie Murphy

General INFORMATION

		Number	Percent
Under 5 years old		2,931	5.4%
5-17 years old		10,540	19.6%
0-17 years old		13,471	25.0%
0-19 years old		14,562	27.1%
10-17 years old		6,709	12.5%
18-64 years old		31,900	59.3%
65 years and over		8,426	15.7%
Total Population - 1996 estimate		53,797	100.0%
Children aged 0-19 who are: (1996 est)	White	14,390	97.8%
	Asian and Pacific Islander	60	0.4%
	American Indian	31	0.2%
	African American	26	0.2%
	All other	210	1.4%
	Total	14,717	100.0%
Public School resident enrollment, 1997	Total	10,117	
	Grades K-8	7,209	71.3%
	Grades 9-12	2,908	28.7%
Private School resident enrollment, 1997	Total	1,251	
	Grades K-8	295	23.6%
	Grades 9-12	956	76.4%
Home-schooled students, 1997 annual average	Total	243	
	Grades K-8	184.5	75.9%
	Grades 9-12	58.5	24.1%
Total Public, Private, Home School		11,611	
Percent Public			87.1%
Percent Private			10.8%
Percent Home School			2.1%
▲ Children at or below federal poverty line, 1994		3,086	22.2%
Median household income, 1993 estimated		$26,918	

▲ This indicator has changed from that used in last year's Data Book. Please see each indicator's definition for the exact changes.

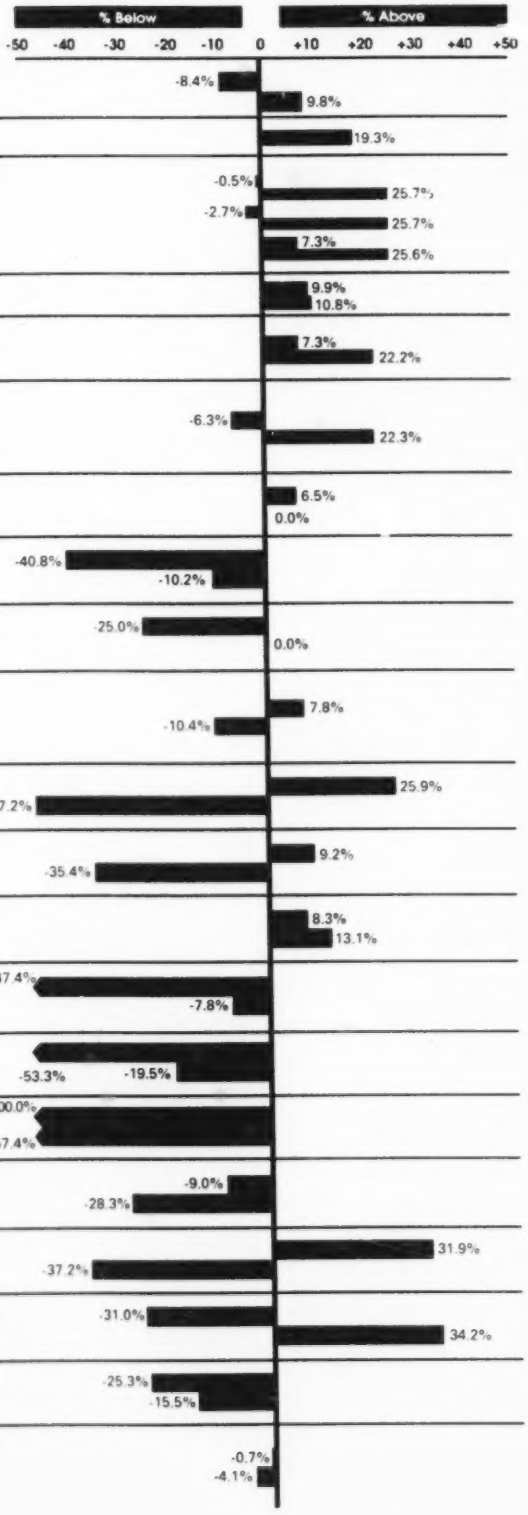
Child Well-Being

INDICATORS

= Percent Change from Maine KIDS COUNT 1998 Data Book
Indicators for which comparable data were included in the KIDS COUNT 1998 Data Book

= Percent Above or Below Statewide Average

		Number	Rate or Percent
▲ Children aged 0-17 on TANF, September 1998		1,222	9.1%
● Children aged 0-17 receiving food stamps, October 1998		2,178	16.2%
School children receiving subsidized school lunch, 1997-1998 school year, percent of public school total enrollment	Total	3,997	39.5%
	Free	3,060	30.2%
	Reduced Price	937	9.3%
Children aged 0-17 participating in Medicaid, 1998		4,108	30.5%
Unemployed persons aged 16 and over, annual average, 1997		1,770	6.6%
Births to unmarried teenaged mothers who have not completed 12 years of school; rate per 1,000 females aged 10 -19, five-year average, 1992-1996		38	10.3
Live births for which prenatal care began in the first trimester, 1996		495	89.7%
Low birth-weight infants; live births under 2,500 grams (5.5 pounds) as a percent of all live births, 1995		29	5.3%
Infant mortality; rate per 1,000 live births, five-year average, 1992-1996		3	5.8
Pediatricians, family practitioners, and general practitioners (MDs and DOs); full time equivalent rate per 1,000 children aged 0-17, 1996		25.55	1.9
General practice dentists; full time equivalent rate per 1,000 children aged 0-17, 1998		7.7	0.6
Children under age 18 in Department of Human Services care or custody; rate per 1,000 children under age 18, July 1998		83	5.7
Child deaths; rate per 10,000 children aged 1-14, five-year average, 1992-1996		2.6	2.5
Teen deaths; rate per 10,000 children aged 15-19, five-year average, 1992-1996		2	5.5
Teen violent deaths; rate per 10,000 children aged 15-19, five-year average, 1992-1996		1.4	3.9
Child suicides; rate per 10,000 children aged 10-19, five-year average, 1992-1996		0	0.3
Domestic assaults reported to police, rate per 100,000 population, 1997		131	243.5
Arrests of children aged 10-17; rate per 1,000 children, 1997		380	56.6
High school dropouts, 1996-1997 school year		116	4.0%
High school graduates planning to attend post-secondary school, 1996-1997 school year		289	51.3%
Individuals with disabilities aged 3-21 as reported to the Department of Education; rate per 1,000 students enrolled in public and private schools, 1996 -1997 school year		1,714	150.77



● New Indicator

PENOBSCOT County

fast FACTS

Total Population: 144,989

Under 5 Years: 7,691

Aged 5-17: 25,454

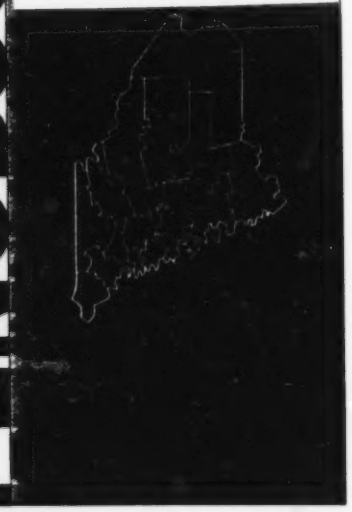
Children receiving subsidized school lunch, 1997/98 school year:

Total:	8,173
Free:	6,505
Reduced Price:	1,668

Children aged 0 – 17 participating in Medicaid, 1998: 10,108

Domestic assaults reported to police in 1997: 528

High school graduates planning to attend post-secondary school, 1996-1997 school year: 1,056



Michele Stapleton

General INFORMATION

		Number	Percent
Under 5 years old		7,691	5.3%
5-17 years old		25,454	17.6%
0-17 years old		33,145	22.9%
0-19 years old		38,242	26.4%
10-17 years old		16,123	11.1%
18-64 years old		93,552	64.5%
65 years and over		18,292	12.6%
Total Population - 1996 estimate		144,989	100.0%
Children aged 0-19 who are: (1996 est)	White	37,903	96.3%
	Asian and Pacific Islander	328	0.8%
	American Indian	427	1.1%
	African American	172	0.4%
	All other	538	1.4%
	Total	39,368	100.0%
Public School resident enrollment, 1997	Total	24,586	
	Grades K-8	17,099	69.5%
	Grades 9-12	7,487	30.5%
Private School resident enrollment, 1997	Total	1,152	
	Grades K-8	452	39.2%
	Grades 9-12	700	60.8%
Home-schooled students, 1997 annual average	Total	387	
	Grades K-8	308.5	79.7%
	Grades 9-12	78.5	20.3%
Total Public, Private, Home School		26,125	
Percent Public			94.1%
Percent Private			4.4%
Percent Home School			1.5%
▲ Children at or below federal poverty line, 1994		7,609	21.2%
Median household income, 1993 estimated		$29,515	

▲ This indicator has changed from that used in last year's Data Book. Please see each indicator's definition for the exact changes.

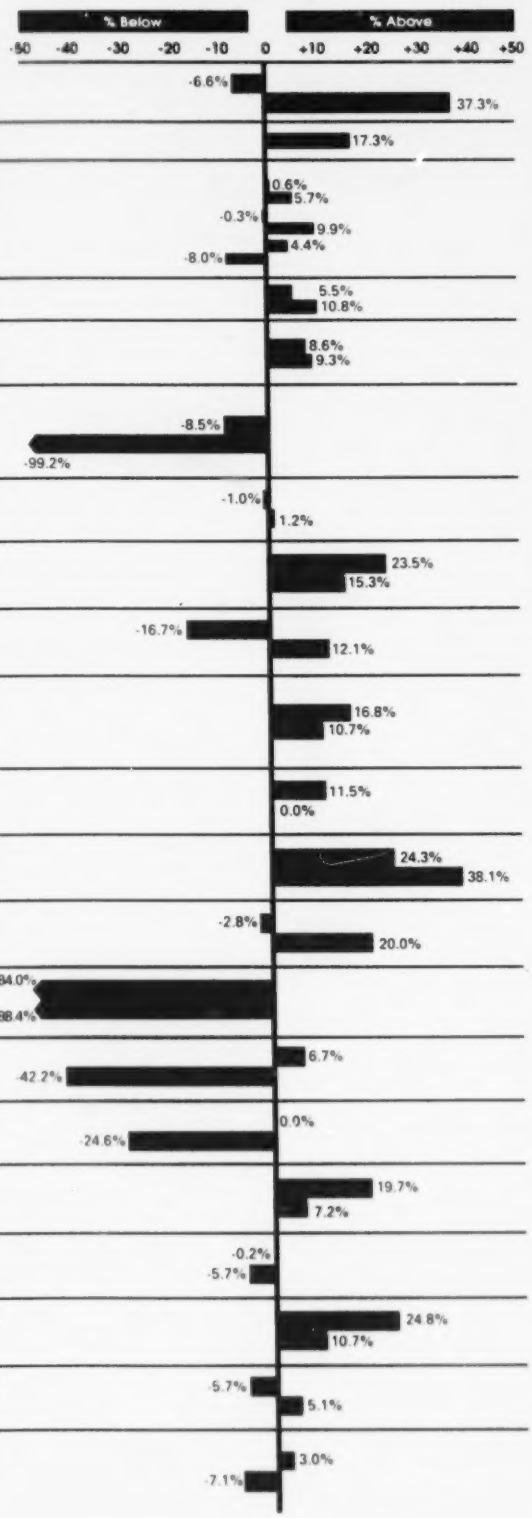
Child Well-Being

INDICATORS

= Percent Change from Maine KIDS COUNT 1998 Data Book
Indicators for which comparable data were included in the KIDS COUNT 1998 Data Book

= Percent Above or Below Statewide Average

		Number	Rate or Percent
▲ Children aged 0-17 on TANF, September 1998		3,760	11.3%
● Children aged 0-17 receiving food stamps, October 1998		5,269	15.9%
School children receiving subsidized school lunch, 1997-1998 school year, percent of public school total enrollment	Total	8,173	33.2%
	Free	6,505	26.5%
	Reduced Price	1,668	6.8%
Children aged 0-17 participating in Medicaid, 1998		10,108	30.5%
Unemployed persons aged 16 and over, annual average, 1997		4,420	5.9%
Births to unmarried teenaged mothers who have not completed 12 years of school; rate per 1,000 females aged 10 -19, five-year average, 1992-1996		71	6.8%
Live births for which prenatal care began in the first trimester, 1996		1,341	90.8%
Low birth-weight infants; live births under 2,500 grams (5.5 pounds) as a percent of all live births, 1995		100	6.8%
Infant mortality; rate per 1,000 live births, five-year average, 1992-1996		10	6.5
Pediatricians, family practitioners, and general practitioners (MDs and DOs); full time equivalent rate per 1,000 children aged 0-17, 1996		77.7	2.3
General practice dentists; full time equivalent rate per 1,000 children aged 0-17, 1998		35.9	1.1
Children under age 18 in Department of Human Services care or custody; rate per 1,000 children under age 18, July 1998		466	12.2
Child deaths; rate per 10,000 children aged 1-14, five-year average, 1992-1996		7	2.6
Teen deaths; rate per 10,000 children aged 15-19, five-year average, 1992-1996		1	0.7
Teen violent deaths; rate per 10,000 children aged 15-19, five-year average, 1992-1996		3.2	2.8
Child suicides; rate per 10,000 children aged 10-19, five-year average, 1992-1996		1	0.5
Domestic assaults reported to police, rate per 100,000 population, 1997		528	364.2
Arrests of children aged 10-17; rate per 1,000 children, 1997		1,372	85.1
High school dropouts, 1996-1997 school year		262	3.3%
High school graduates planning to attend post-secondary school, 1996-1997 school year		1,056	63.8%
Individuals with disabilities aged 3-21 as reported to the Department of Education; rate per 1,000 students enrolled in public and private schools, 1996 -1997 school year		3,758	146.01



● New Indicator

PISCATAQUIS County

fast FACTS

Total Population: 18,329

Under 5 Years: 895

Aged 5-17: 3,440

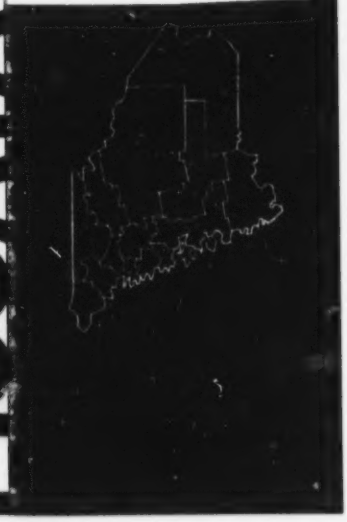
Children receiving subsidized school lunch, 1997/98 school year:

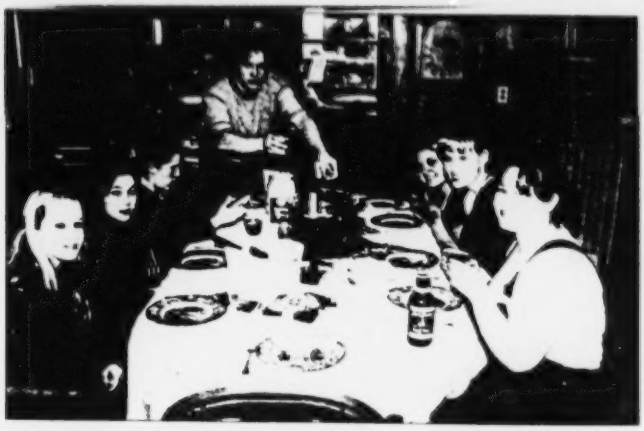
Total: 1,591
Free: 1,188
Reduced Price: 403

Children aged 0 – 17 participating in Medicaid, 1998: 1,413

Domestic assaults reported to police in 1997: 37

High school graduates planning to attend post-secondary school, 1996-1997 school year: 82





K. Wall

General INFORMATION

		Number	Percent
Under 5 years old		895	4.9%
5-17 years old		3,440	18.8%
0-17 years old		4,335	23.7%
0-19 years old		4,722	25.8%
10-17 years old		2,380	13.0%
18-64 years old		10,869	59.3%
65 years and over		3,125	17.0%
Total Population - 1996 estimate		18,329	100.0%
Children aged 0-19 who are: (1996 est)	White	4,907	97.6%
	Asian and Pacific Islander	29	0.6%
	American Indian	18	0.4%
	African American	12	0.2%
	All other	63	1.3%
	Total	5,029	100.0%
Public School resident enrollment, 1997	Total	3,158	
	Grades K-8	2,389	75.6%
	Grades 9-12	769	24.4%
Private School resident enrollment, 1997	Total	485	
	Grades K-8	0	0.0%
	Grades 9-12	485	100.0%
Home-schooled students, 1997 annual average	Total	55	
	Grades K-8	32.5	59.1%
	Grades 9-12	22.5	40.9%
Total Public, Private, Home School		3,698	
Percent Public			85.4%
Percent Private			13.1%
Percent Home School			1.5%
▲ Children at or below federal poverty line, 1994		1,119	23.1%
Median household income, 1993 estimated		$25,631	

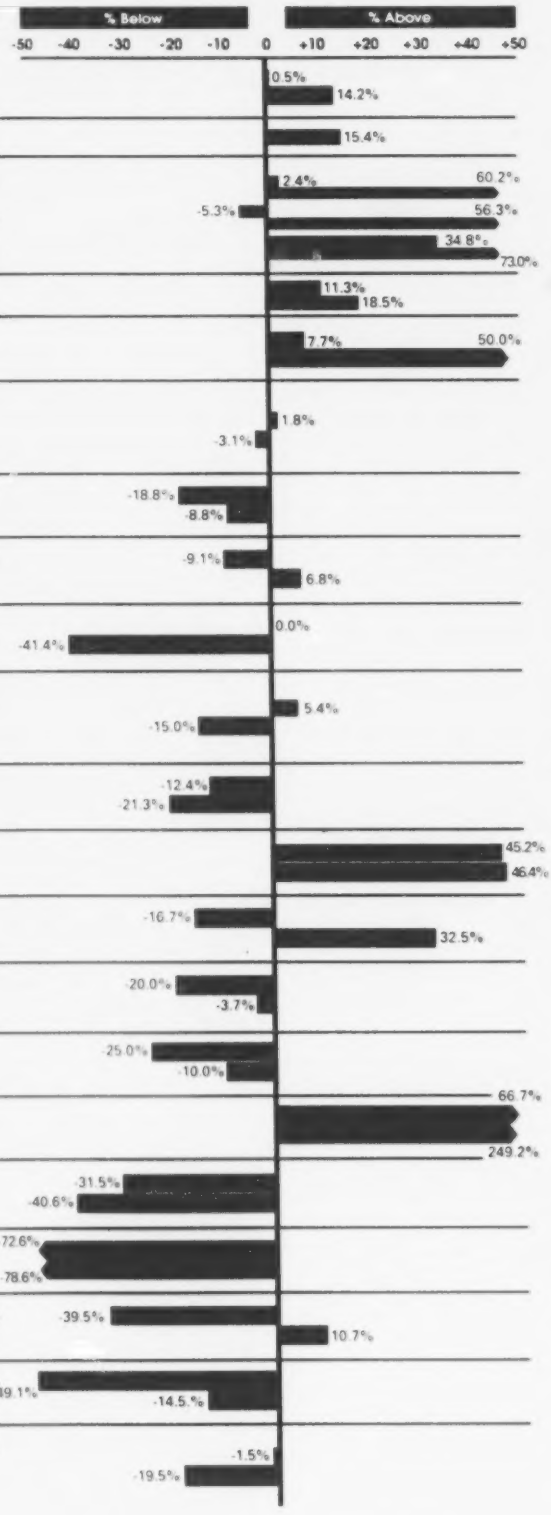
▲ This indicator has changed from that used in last year's Data Book. Please see each indicator's definition for the exact changes.

Child Well-Being
INDICATORS

= Percent Change from Maine KIDS COUNT 1998 Data Book
(indicators for which comparable data were included in the KIDS COUNT 1998 Data Book)

= Percent Above or Below Statewide Average

		Number	Rate or Percent
▲ Children aged 0-17 on TANF, September 1998		409	9.4%
● Children aged 0-17 receiving food stamps, October 1998		678	15.6%
School children receiving subsidized school lunch, 1997-1998 school year, percent of public school total enrollment	Total	1,591	50.4%
	Free	1,188	37.6%
	Reduced Price	403	12.8%
Children aged 0-17 participating in Medicaid, 1998		1,413	32.6%
Unemployed persons aged 16 and over, annual average, 1997		700	8.1%
Births to unmarried teenaged mothers who have not completed 12 years of school; rate per 1,000 females aged 10 -19, five-year average, 1992-1996		11	8.2
Live births for which prenatal care began in the first trimester, 1996		130	81.8%
Low birth-weight infants; live births under 2,500 grams (5.5 pounds) as a percent of all live births, 1995		10	6.3%
Infant mortality; rate per 1,000 live births, five-year average, 1992-1996		1	3.4
Pediatricians, family practitioners, and general practitioners (MDs and DOs); full time equivalent rate per 1,000 children aged 0-17, 1996		7.80	1.8
General practice dentists; full time equivalent rate per 1,000 children aged 0-17, 1998		3.7	0.9
Children under age 18 in Department of Human Services care or custody; rate per 1,000 children under age 18, July 1998		61	12.9
Child deaths; rate per 10,000 children aged 1-14, five-year average, 1992-1996		1	2.9
Teen deaths; rate per 10,000 children aged 15-19, five-year average, 1992-1996		1	5.8
Teen violent deaths; rate per 10,000 children aged 15-19, five-year average, 1992-1996		0.6	4.3
Child suicides; rate per 10,000 children aged 10-19, five-year average, 1992-1996		1	2.1
Domestic assaults reported to police, rate per 100,000 population, 1997		37	201.9
Arrests of children aged 10-17; rate per 1,000 children, 1997		46	19.3
High school dropouts, 1996-1997 school year		26	3.3%
High school graduates planning to attend post-secondary school, 1996-1997 school year		82	51.9%
Individuals with disabilities aged 3-21 as reported to the Department of Education; rate per 1,000 students enrolled in public and private schools, 1996 -1997 school year		461	126.54



● New Indicator

SAGADAHOC County

fast FACTS

Total Population: 35,508

Under 5 Years: 2,179

Aged 5-17: 7,009

Children receiving subsidized school lunch, 1997/98 school year:

Total: 1,419
Free: 947
Reduced Price: 472

Children aged 0 – 17 participating in Medicaid, 1998: 1,699

Domestic assaults reported to police in 1997: 214

High school graduates planning to attend post-secondary school, 1996-1997 school year: 253

Ann Woloson

General INFORMATION

		Number	Percent
Under 5 years old		2,179	6.1%
5-17 years old		7,009	19.7%
0-17 years old		9,188	25.9%
0-19 years old		9,983	28.1%
10-17 years old		4,205	11.8%
18-64 years old		22,411	63.1%
65 years and over		3,909	11.0%
Total Population - 1996 estimate		35,508	100.0%
Children aged 0-19 who are: (1996 est)	White	9,217	94.9%
	Asian and Pacific Islander	100	1.0%
	American Indian	17	0.2%
	African American	124	1.3%
	All other	259	2.7%
	Total	9,717	100.0%
Public School resident enrollment, 1997	Total	6,590	
	Grades K-8	4,628	70.2%
	Grades 9-12	1,962	29.8%
Private School resident enrollment, 1997	Total	234	
	Grades K-8	19	8.1%
	Grades 9-12	215	91.9%
Home-schooled students, 1997 annual average	Total	145	
	Grades K-8	120	82.8%
	Grades 9-12	25	17.2%
Total Public, Private, Home School		6,969	
Percent Public			94.6%
Percent Private			3.4%
Percent Home School			2.1%
▲ Children at or below federal poverty line, 1994		1,204	13.3%
Median household income, 1993 estimated		$36,228	

▲ This indicator has changed from that used in last year's Data Book. Please see each indicator's definition for the exact changes.

Child Well-Being
INDICATORS

= Percent Change from Maine KIDS COUNT 1998 Data Book
Indicators for which comparable data were included in the KIDS COUNT 1998 Data Book

= Percent Above or Below Statewide Average

		Number	Rate or Percent
▲ Children aged 0-17 on TANF, September 1998		476	5.2%
● Children aged 0-17 receiving food stamps, October 1998		838	9.1%
School children receiving subsidized school lunch, 1997-1998 school year, percent of public school total enrollment	Total	1,419	21.5%
	Free	947	14.4%
	Reduced Price	472	7.2%
Children aged 0-17 participating in Medicaid, 1998		1,699	18.5%
Unemployed persons aged 16 and over, annual average, 1997		630	4.0%
Births to unmarried teenaged mothers who have not completed 12 years of school; rate per 1,000 females aged 10 -19, five-year average, 1992-1996		18	7.7
Live births for which prenatal care began in the first trimester, 1996		370	88.5%
Low birth-weight infants; live births under 2,500 grams (5.5 pounds) as a percent of all live births, 1995		27	6.5%
Infant mortality; rate per 1,000 live births, five-year average, 1992-1996		3	6.0
Pediatricians, family practitioners, and general practitioners (MDs and DOs); full time equivalent rate per 1,000 children aged 0-17, 1996		18.18	2.0
General practice dentists; full time equivalent rate per 1,000 children aged 0-17, 1998		9.9	1.1
Children under age 18 in Department of Human Services care or custody; rate per 1,000 children under age 18, July 1998		46	4.6
Child deaths; rate per 10,000 children aged 1-14, five-year average, 1992-1996		1.2	1.7
Teen deaths; rate per 10,000 children aged 15-19, five-year average, 1992-1996		2	7.4
Teen violent deaths; rate per 10,000 children aged 15-19, five-year average, 1992-1996		1.4	6.5
Child suicides; rate per 10,000 children aged 10-19, five-year average, 1992-1996		0	0.9
Domestic assaults reported to police, rate per 100,000 population, 1997		214	602.7
Arrests of children aged 10-17; rate per 1,000 children, 1997		334	79.4
High school dropouts, 1996-1997 school year		57	2.8%
High school graduates planning to attend post-secondary school, 1996-1997 school year		253	57.6%
Individuals with disabilities aged 3-21 as reported to the Department of Education; rate per 1,000 students enrolled in public and private schools, 1996 -1997 school year		1,282	187.87

● New Indicator

BEST COPY AVAILABLE

SOMERSET County

fast FACTS

Total Population: 52,507

Under 5 Years: 3,075

Aged 5-17: 10,181

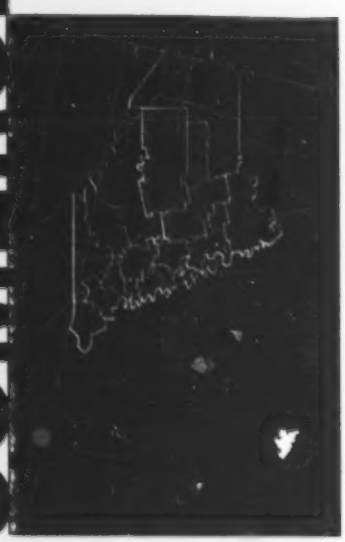
Children receiving subsidized school lunch, 1997/98 school year:

Total:	3,904
Free:	3,157
Reduced Price:	747

Children aged 0 – 17 participating in Medicaid, 1998: 5,108

Domestic assaults reported to police in 1997: 163

High school graduates planning to attend post-secondary school, 1996-1997 school year: 326



Paul Kennedy

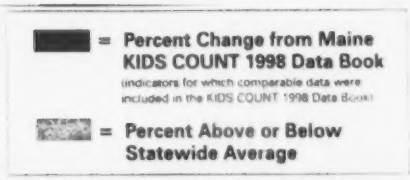
General INFORMATION

		Number	Percent
Under 5 years old		3,075	5.9%
5-17 years old		10,181	19.4%
0-17 years old		13,256	25.2%
0-19 years old		14,442	27.5%
10-17 years old		6,590	12.6%
18-64 years old		32,064	61.1%
65 years and over		7,187	13.7%
Total Population - 1996 estimate		52,507	100.0%
Children aged 0-19 who are: (1996 est)	White	14,747	97.9%
	Asian and Pacific Islander	52	0.3%
	American Indian	58	0.4%
	African American	37	0.2%
	All other	177	1.2%
	Total	15,071	100.0%
Public School resident enrollment, 1997	Total	8,670	
	Grades K-8	5,998	69.2%
	Grades 9-12	2,672	30.8%
Private School resident enrollment, 1997	Total	745	
	Grades K-8	188	25.2%
	Grades 9-12	557	74.8%
Home-schooled students, 1997 annual average	Total	175	
	Grades K-8	137	78.3%
	Grades 9-12	38	21.7%
Total Public, Private, Home School		9,590	
Percent Public			90.4%
Percent Private			7.8%
Percent Home School			1.8%
▲ Children at or below federal poverty line, 1994		3,634	26.0%
Median household income, 1993 estimated		$26,099	

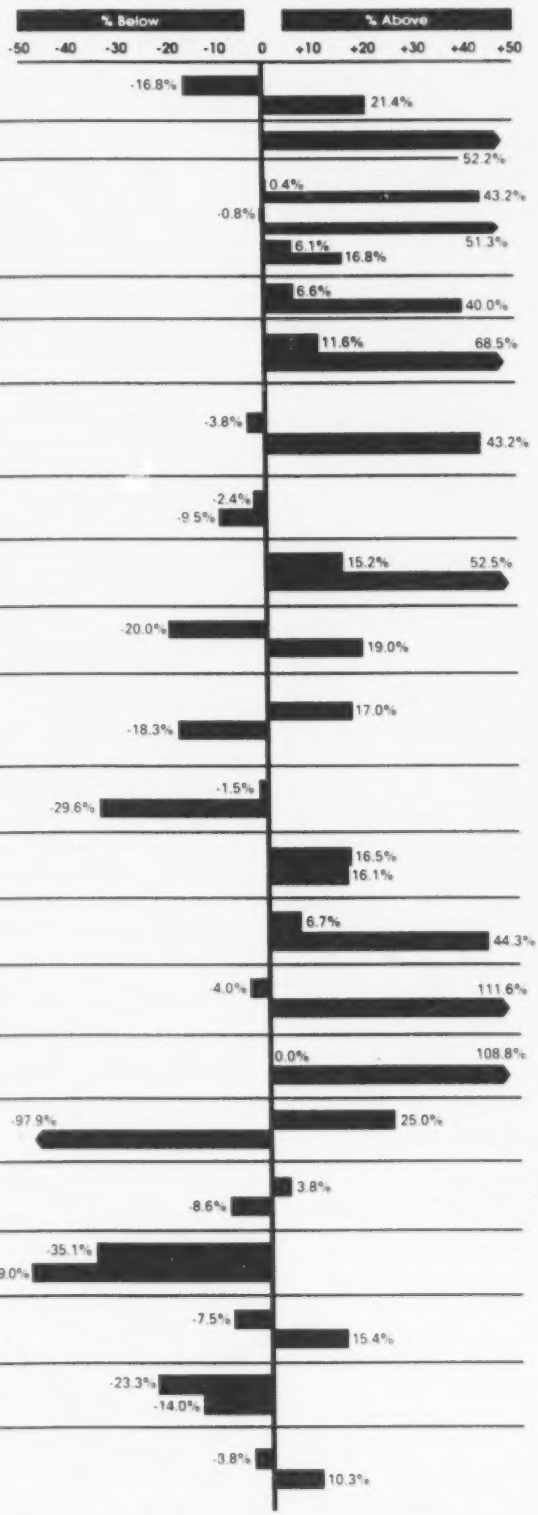
▲ This indicator has changed from that used in last year s Data Book. Please see each indicator's definition for the exact changes.

Child Well-Being

INDICATORS


= Percent Change from Maine KIDS COUNT 1998 Data Book
(indicators for which comparable data were included in the KIDS COUNT 1998 Data Book)
= Percent Above or Below Statewide Average

		Number	Rate or Percent
▲ Children aged 0-17 on TANF, September 1998		1,330	10.0%
● Children aged 0-17 receiving food stamps, October 1998		2,734	20.6%
School children receiving subsidized school lunch, 1997-1998 school year, percent of public school total enrollment	Total	3,904	45.0%
	Free	3,157	36.4%
	Reduced Price	747	8.6%
Children aged 0-17 participating in Medicaid, 1998		5,108	38.5%
Unemployed persons aged 16 and over, annual average, 1997		2,410	9.1%
Births to unmarried teenaged mothers who have not completed 12 years of school; rate per 1,000 females aged 10 -19, five-year average, 1992-1996		45	12.1
Live births for which prenatal care began in the first trimester, 1996		478	81.2%
Low birth-weight infants; live births under 2,500 grams (5.5 pounds) as a percent of all live births, 1995		53	9.0%
Infant mortality; rate per 1,000 live births, five-year average, 1992-1996		4	6.9
Pediatricians, family practitioners, and general practitioners (MDs and DOs); full time equivalent rate per 1,000 children aged 0-17, 1996		22.93	1.7
General practice dentists; full time equivalent rate per 1,000 children aged 0-17, 1998		8.1	0.8
Children under age 18 in Department of Human Services care or custody; rate per 1,000 children under age 18, July 1998		148	10.2
Child deaths; rate per 10,000 children aged 1-14, five-year average, 1992-1996		3.2	3.1
Teen deaths; rate per 10,000 children aged 15-19, five-year average, 1992-1996		5	12.7
Teen violent deaths; rate per 10,000 children aged 15-19, five-year average, 1992-1996		3.8	10.1
Child suicides; rate per 10,000 children aged 10-19, five-year average, 1992-1996		1	0.0
Domestic assaults reported to police, rate per 100,000 population, 1997		163	310.4
Arrests of children aged 10-17; rate per 1,000 children, 1997		303	46.0
High school dropouts, 1996-1997 school year		99	3.4%
High school graduates planning to attend post-secondary school, 1996-1997 school year		326	52.2%
Individuals with disabilities aged 3-21 as reported to the Department of Education; rate per 1,000 students enrolled in public and private schools, 1996 -1997 school year		1,632	173.34



● New Indicator

WALDO County

fast FACTS

Total Population: 35,822

Under 5 Years: 2,135

Aged 5-17: 7,053

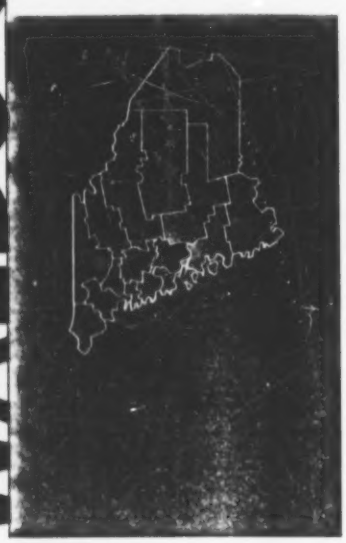
Children receiving subsidized school lunch, 1997/98 school year:

Total:	2,549
Free:	2,003
Reduced Price:	546

Children aged 0 – 17 participating in Medicaid, 1998: 2,887

Domestic assaults reported to police in 1997: 56

High school graduates planning to attend post-secondary school, 1996-1997 school year: 157



Kass Longley-Leahy

General INFORMATION

		Number	Percent
Under 5 years old		2,135	6.0%
5-17 years old		7,053	19.7%
0-17 years old		9,188	25.6%
0-19 years old		10,084	28.2%
10-17 years old		4,543	12.7%
18-64 years old		21,640	60.4%
65 years and over		4,994	13.9%
Total Population - 1996 estimate		35,822	100.0%
Children aged 0-19 who are: (1996 est)	White	9,950	97.3%
	Asian and Pacific Islander	40	0.4%
	American Indian	39	0.4%
	African American	15	0.1%
	All other	183	1.8%
	Total	10,227	100.0%
Public School resident enrollment, 1997	Total	5,743	
	Grades K-8	4,333	75.4%
	Grades 9-12	1,410	24.6%
Private School resident enrollment, 1997	Total	19	
	Grades K-8	19	100.0%
	Grades 9-12	0	0.0%
Home-schooled students, 1997 annual average	Total	109	
	Grades K-8	83.5	76.6%
	Grades 9-12	25.5	23.4%
Total Public, Private, Home School		5,871	
Percent Public			97.8%
Percent Private			0.3%
Percent Home School			1.9%
▲ Children at or below federal poverty line, 1994		2,442	25.8%
Median household income, 1993 estimated		$25,585	

▲ This indicator has changed from that used in last year's Data Book. Please see each indicator's definition for the exact changes.

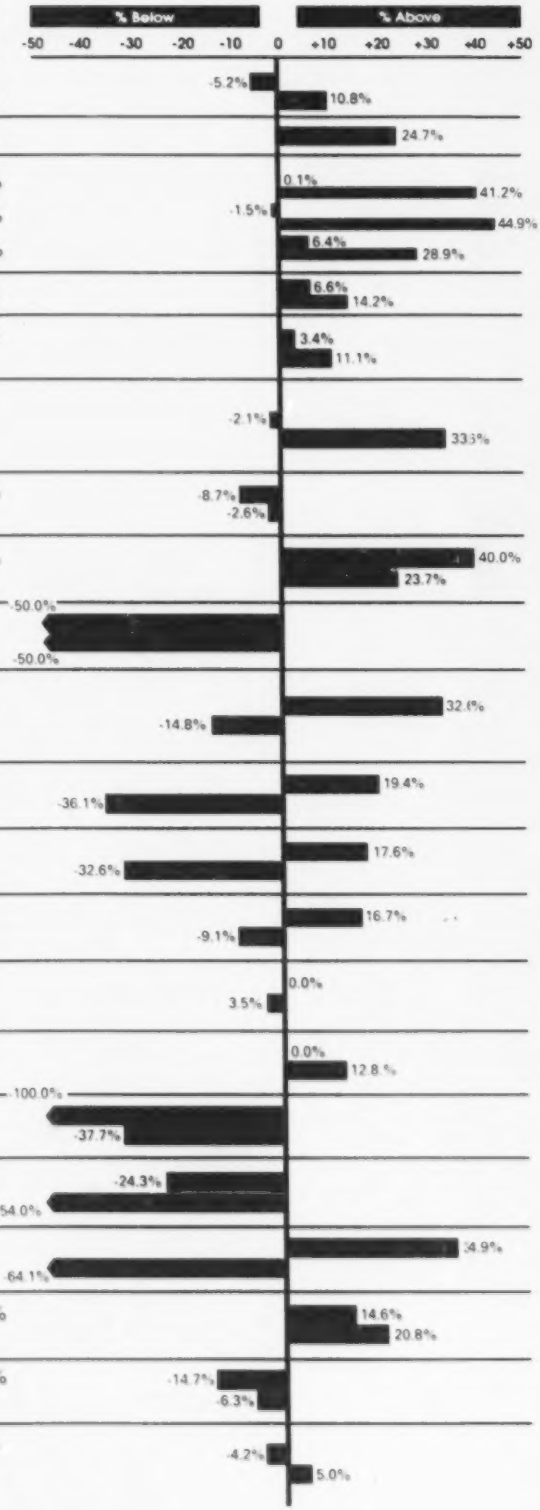
Child Well-Being

INDICATORS

= Percent Change from Maine KIDS COUNT 1998 Data Book
Indicators for which comparable data were included in the KIDS COUNT 1998 Data Book

= Percent Above or Below Statewide Average

		Number	Rate or Percent
▲ Children aged 0-17 on TANF, September 1998		841	9.2%
● Children aged 0-17 receiving food stamps, October 1998		1,552	16.9%
School children receiving subsidized school lunch, 1997-1998 school year, percent of public school total enrollment	Total	2,549	44.4%
	Free	2,003	34.9%
	Reduced Price	546	9.5%
Children aged 0-17 participating in Medicaid, 1998		2,887	31.4%
Unemployed persons aged 16 and over, annual average, 1997		1,230	6.0%
Births to unmarried teenaged mothers who have not completed 12 years of school; rate per 1,000 females aged 10 -19, five-year average, 1992-1996		28	11.3
Live births for which prenatal care began in the first trimester, 1996		334	87.4%
Low birth-weight infants; live births under 2,500 grams (5.5 pounds) as a percent of all live births, 1995		28	7.3%
Infant mortality; rate per 1,000 live births, five-year average, 1992-1996		1	2.9
Pediatricians, family practitioners, and general practitioners (MDs and DOs); full time equivalent rate per 1,000 children aged 0-17, 1996		16.58	1.8
General practice dentists; full time equivalent rate per 1,000 children aged 0-17, 1998		6.3	0.7
Children under age 18 in Department of Human Services care or custody; rate per 1,000 children under age 18, July 1998		60	6.0
Child deaths; rate per 10,000 children aged 1-14, five-year average, 1992-1996		1.4	2.0
Teen deaths; rate per 10,000 children aged 15-19, five-year average, 1992-1996		2	6.2
Teen violent deaths; rate per 10,000 children aged 15-19, five-year average, 1992-1996		1.4	5.4
Child suicides; rate per 10,000 children aged 10-19, five-year average, 1992-1996		0	0.4
Domestic assaults reported to police, rate per 100,000 population, 1997		56	156.3
Arrests of children aged 10-17; rate per 1,000 children, 1997		147	32.4
High school dropouts, 1996-1997 school year		55	3.6%
High school graduates planning to attend post-secondary school, 1996-1997 school year		157	56.9%
Individuals with disabilities aged 3-21 as reported to the Department of Education; rate per 1,000 students enrolled in public and private schools, 1996 -1997 school year		951	165.05



● New Indicator

WASHINGTON County

fast FACTS

Total Population: 36,224

Under 5 Years: 2,059

Aged 5-17: 6,700

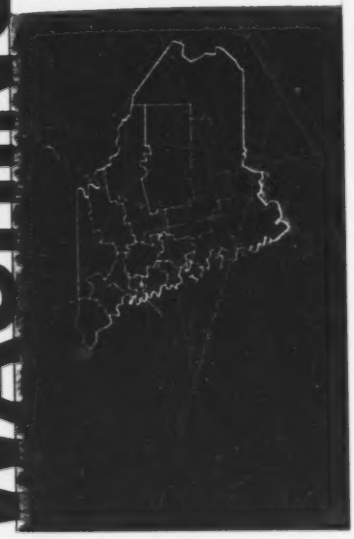
Children receiving subsidized school lunch, 1997/98 school year:

Total:	3,046
Free:	2435
Reduced Price:	611

Children aged 0 – 17 participating in Medicaid, 1998: 3,841

Domestic assaults reported to police in 1997: 119

High school graduates planning to attend post-secondary school, 1996-1997 school year:



Paul Kennedy

General INFORMATION

		Number	Percent
Under 5 years old		2,059	5.7%
5-17 years old		6,700	18.5%
0-17 years old		8,759	24.2%
0-19 years old		9,702	26.8%
10-17 years old		4,445	12.3%
18-64 years old		21,388	59.0%
65 years and over		6,077	16.8%
Total Population - 1996 estimate		36,224	100.0%
Children aged 0-19 who are: (1996 est)	White	9,051	92.3%
	Asian and Pacific Islander	25	0.3%
	American Indian	573	5.8%
	African American	26	0.3%
	All other	133	1.4%
	Total	9,808	100.0%
Public School resident enrollment, 1997	Total	5,681	
	Grades K-8	4,148	73.0%
	Grades 9-12	1,533	27.0%
Private School resident enrollment, 1997	Total	402	
	Grades K-8	74	18.4%
	Grades 9-12	328	81.6%
Home-schooled students, 1997 annual average	Total	96	
	Grades K-8	76	79.2%
	Grades 9-12	20	20.8%
Total Public, Private, Home School		6,179	
Percent Public			91.9%
Percent Private			6.5%
Percent Home School			1.6%
▲ Children at or below federal poverty line, 1994		2,829	30.7%
Median household income, 1993 estimated		$23,003	

▲ This indicator has changed from that used in last year's Data Book. Please see each indicator's definition for the exact changes.

Child Well-Being INDICATORS

= Percent Change from Maine KIDS COUNT 1998 Data Book
(Indicators for which comparable data were included in the KIDS COUNT 1998 Data Book)

= Percent Above or Below Statewide Average

		Number	Rate or Percent	% Below -50 -40 -30 -20 -10 0	% Above +10 +20 +30 +40 +50
▲ Children aged 0-17 on TANF, September 1998		912	10.4%	-18.1%	26.0%
● Children aged 0-17 receiving food stamps, October 1998		1,661	19.0%		40.0%
School children receiving subsidized school lunch, 1997-1998 school year, percent of public school total enrollment	Total	3,046	53.6%		2.1% 70.5%
	Free	2435	42.9%		0.9% 78.1%
	Reduced Price	611	10.8%		7.4% 45.8%
Children aged 0-17 participating in Medicaid, 1998		3,841	43.9%		7.8% 59.4%
Unemployed persons aged 16 and over, annual average, 1997		1,850	11.0%		16.4% 103.7%
Births to unmarried teenaged mothers who have not completed 12 years of school; rate per 1,000 females aged 10 -19, five-year average, 1992-1996		23	8.6	-16.3%	2.0%
Live births for which prenatal care began in the first trimester, 1996		313	83.7%	-0.3% -6.7%	
Low birth-weight infants; live births under 2,500 grams (5.5 pounds) as a percent of all live births, 1995		19	5.1%	-20.8% -13.6%	
Infant mortality; rate per 1,000 live births, five-year average, 1992-1996		3	7.3		0.0% 25.9%
Pediatricians, family practitioners, and general practitioners (MDs and DOs); full time equivalent rate per 1,000 children aged 0-17, 1996		19.26	2.2		18.1% 3.8%
General practice dentists; full time equivalent rate per 1,000 children aged 0-17, 1998		7.4	1.2		11.1% 63.3%
Children under age 18 in Department of Human Services care or custody; rate per 1,000 children under age 18, July 1998		242	24.9		68.1% 182.7%
Child deaths; rate per 10,000 children aged 1-14, five-year average, 1992-1996		4.4	6.5		15.8% 198.7%
Teen deaths; rate per 10,000 children aged 15-19, five-year average, 1992-1996		3	10.4		0.0% 73.1%
Teen violent deaths; rate per 10,000 children aged 15-19, five-year average, 1992-1996		2.4	8.9		0.0% 84.9 %
Child suicides; rate per 10,000 children aged 10-19, five-year average, 1992-1996		1	1.1		66.7% 82.0%
Domestic assaults reported to police, rate per 100,000 population, 1997		119	328.5	-3.3%	20.2%
Arrests of children aged 10-17; rate per 1,000 children, 1997		209	47.0	-47.9% -19.0%	
High school dropouts, 1996-1997 school year		49	3.0%	-36.4% -0.3%	
High school graduates planning to attend post-secondary school, 1996-1997 school year		192	58.4%	-26.4% -3.8%	
Individuals with disabilities aged 3-21 as reported to the Department of Education; rate per 1,000 students enrolled in public and private schools, 1996 -1997 school year		992	163.08	-4.3%	3.8%

● New Indicator

BEST COPY AVAILABLE

YORK County

fast FACTS

Total Population: 171,482

Under 5 Years: 10,823

Aged 5-17: 32,553

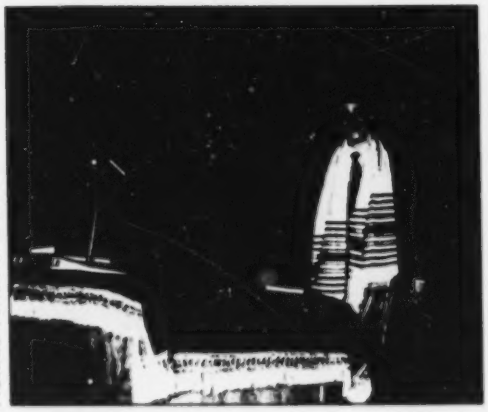
Children receiving subsidized school lunch, 1997/98 school year:

Total:	7,573
Free:	5,467
Reduced Price:	2,106

Children aged 0 – 17 participating in Medicaid, 1998: 9,320

Domestic assaults reported to police in 1997: 736

High school graduates planning to attend post-secondary school, 1996-1997 school year: 1,045



Frannie Wheeler Berta

General INFORMATION

		Number	Percent
Under 5 years old		10,823	6.3%
5-17 years old		32,553	19.0%
0-17 years old		43,376	25.3%
0-19 years old		47,380	27.6%
10-17 years old		20,372	11.9%
18-64 years old		105,194	61.3%
65 years and over		22,912	13.4%
Total Population - 1996 estimate		171,482	100.0%
Children aged 0-19 who are: (1996 est)	White	45,445	96.4%
	Asian and Pacific Islander	522	1.1%
	American Indian	114	0.2%
	African American	230	0.5%
	All other	852	1.8%
	Total	47,163	100.0%
Public School resident enrollment, 1997	Total	30,131	
	Grades K-8	22,934	76.1%
	Grades 9-12	7,197	23.9%
Private School resident enrollment, 1997	Total	2,497	
	Grades K-8	1,283	51.4%
	Grades 9-12	1,214	48.6%
Home-schooled students, 1997 annual average	Total	443	
	Grades K-8	341	77.0%
	Grades 9-12	102	23.0%
Total Public, Private, Home School		33,071	
Percent Public			91.1%
Percent Private			7.6%
Percent Home School			1.3%
▲ Children at or below federal poverty line, 1994		6,503	14.8%
Median household income, 1993 estimated		$35,912	

▲ This indicator has changed from that used in last year's Data Book. Please see each indicator's definition for the exact changes.

Child Well-Being

INDICATORS

= Percent Change from Maine KIDS COUNT 1998 Data Book
Indicators for which comparable data were included in the KIDS COUNT 1998 Data Book

= Percent Above or Below Statewide Average

		Number	Rate or Percent
▲ Children aged 0-17 on TANF, September 1998		3062	7.1%
● Children aged 0-17 receiving food stamps, October 1998		4,773	11.0%
School children receiving subsidized school lunch, 1997-1998 school year, percent of public school total enrollment	Total	7,573	25.1%
	Free	5,467	18.1%
	Reduced Price	2,106	7.0%
Children aged 0-17 participating in Medicaid, 1998		9,320	21.5%
Unemployed persons aged 16 and over, annual average, 1997		3,560	3.8%
Births to unmarried teenaged mothers who have not completed 12 years of school; rate per 1,000 females aged 10 -19, five-year average, 1992-1996		95	8.4
Live births for which prenatal care began in the first trimester, 1996		1,844	89.1%
Low birth-weight infants; live births under 2,500 grams (5.5 pounds) as a percent of all live births, 1995		101	4.9%
Infant mortality; rate per 1,000 live births, five-year average, 1992-1996		14	6.3
Pediatricians, family practitioners, and general practitioners (MDs and DOs); full time equivalent rate per 1,000 children aged 0-17, 1996		56.03	1.3
General practice dentists; full time equivalent rate per 1,000 children aged 0-17, 1998		34.3	0.8
Children under age 18 in Department of Human Services care or custody; rate per 1,000 children under age 18, July 1998		274	5.8
Child deaths; rate per 10,000 children aged 1-14, five-year average, 1992-1996		7.4	2.2
Teen deaths; rate per 10,000 children aged 15-19, five-year average, 1992-1996		6	5.6
Teen violent deaths; rate per 10,000 children aged 15-19, five-year average, 1992-1996		5.6	5.1
Child suicides; rate per 10,000 children aged 10-19, five-year average, 1992-1996		1	0.4
Domestic assaults reported to police, rate per 100,000 population, 1997		736	429.2
Arrests of children aged 10-17; rate per 1,000 children, 1997		2,056	100.9
High school dropouts, 1996-1997 school year		243	2.8%
High school graduates planning to attend post-secondary school, 1996-1997 school year		1,045	58.7%
Individuals with disabilities aged 3-21 as reported to the Department of Education; rate per 1,000 students enrolled in public and private schools, 1996 -1997 school year		5,296	162.31

● New Indicator

We are presenting the following information on these pages because the data have not been collected in most cases since the last census in 1990. This information is important in understanding the overall well-being of children and we present it here for that reason.

	Androscoggin		Aroostook	
	Rate	Percent	Rate	Percent
Women in labor force with youngest child under age 6, 1990	4,047	61.5%	2,391	47.4%
Women in labor force with youngest child aged 6 - 17, 1990	5,655	76.2%	4,616	71.0%
Adults 18 and over who have completed high school or equivalency, 1990	56,850	72.7%	46,558	72.1%

	Oxford		Penobscot	
	Rate	Percent	Rate	Percent
Women in labor force with youngest child under age 6, 1990	1,818	59.2%	4,493	54.7%
Women in labor force with youngest child aged 6 - 17, 1990	2,795	72.8%	7,528	71.1%
Adults 18 and over who have completed high school or equivalency, 1990	29,516	76.3%	89,100	80.3%

	State of Maine	
	Number	Percent
Women in labor force with youngest child under age 6, 1990	42,260	58.0%
Women in labor force with youngest child aged 6 - 17, 1990	64,485	74.4%
Children at or below federal poverty line, 1992-1996	—	18.8%
Adults 18 and over who have completed high school or equivalency, 1990	725,423	79.0%

1990 Census Data

Cumberland		Franklin		Hancock		Knox		Kennebec		Lincoln	
Rate	Percent	Rate	Percent	Rate	Percent	Rate	Percent	Rate	Percent	Rate	Percent
9,039	61.5%	911	57.2%	1,572	56.6%	4,076	61.0%	1,279	61.7%	939	54.0%
11,831	77.1%	1,626	76.4%	2,264	73.0%	6,647	78.5%	1,919	76.7%	1,484	72.5%
157,698	84.6%	17,146	80.2%	29,552	83.1%	68,347	78.9%	22,017	80.1%	18,357	80.8%

Piscataquis		Sagadahoc		Somerset		Waldo		Washington		York	
Rate	Percent	Rate	Percent	Rate	Percent	Rate	Percent	Rate	Percent	Rate	Percent
641	59.1%	1,115	50.3%	1,635	56.8%	1,042	52.5%	782	40.6%	6,480	62.7%
960	66.6%	1,923	77.3%	2,714	72.5%	1,806	69.6%	1,662	64.2%	9,055	76.2%
10,123	74.8%	19,801	80.4%	25,934	71.7%	18,661	77.5%	19,228	73.2%	96,545	79.5%

	State of Maine	
	Number	Percent
Children living in overcrowded housing, 1990		5.9%
Children under age 6 with both or only parent in the labor force, 1990	60,890	58.3%
Children under age 18 with both or only parent in the labor force, 1990	201,058	65.0%
Children aged 0-17 not living with a parent, 1990	11,148	3.6%
Children aged 5-17 who do not speak English at home, 1990	9,8868	4.4%

BEST COPY AVAILABLE

Adults aged 18 and over who have completed high school or equivalency, 1990.

Includes persons whose highest degree was a high school diploma or its equivalent, persons who attended college or professional school, and persons who received a college, university, or professional degree. Persons who reported completing the 12th grade but not receiving a diploma are not included. Percent calculated using a denominator of 1990 Census population data for adults aged 18 and over.

Source: U.S. Bureau of the Census, September 1992. Table P60, 1990 Census of Population and Housing Summary Tape File 3a.

See also: High school completions.

Alcohol-related license suspensions for drivers under age 21; rate per 1,000 licensed drivers under age 21, 1997.

Number of license suspensions for drivers under age 21 with a blood alcohol count of .02 or greater during 1997. Rate is that number divided by the total number of licensed drivers under age 21 in 1997.

Source: Maine Bureau of Highway Safety.

See also OUI arrests for drivers under age 21.

Alcohol use

See: Alcohol-related license suspensions for drivers under age 21; Children aged 0-14 using services of licensed alcohol and drug abuse treatment providers; OUI arrests for drivers under age 21; High school students reporting alcohol use within past 30 days; Youth aged 15-19 using services of licensed alcohol and drug abuse treatment providers.

Arrests for crimes against persons of children aged 10-17; rate per 1,000 children aged 10-17, 1997.

Total number of arrests of children aged 10-17 for crimes against persons including: murder and non-negligent manslaughter, forcible rape, robbery, and aggravated assault; does not include other assaults. The annual arrest data count all arrests of youth for crimes against persons during calendar year 1997, including repeated offenses by the same individual. Rate is the total number of arrests for crimes against persons divided by the estimated number of 10-17 year-olds in 1996, using data prepared by the Office of Data, Research and Vital Statistics. National rate is for 1995.

Source: Maine Department of Public Safety, Uniform Crime Reports, 1997; 1995 national rate from the Annie E. Casey Foundation, *Kids Count Data Book: State Profiles of Child Well-being*, 1998.

Arrests of children aged 10-17; rate per 1,000 children aged 10-17, 1997.

Total number of arrests of children aged 10-17 for crimes including manslaughter, rape, robbery, aggravated assault, burglary, larceny, motor vehicle theft, forgery and counterfeiting, fraud, stolen property, vandalism, possession of a weapon, prostitution, sex offenses, drug and alcohol related offenses, violation of liquor laws, driving under the influence, drunkenness, disorderly conduct, and curfew and loitering law violations. The annual arrest data counts all arrests of youth for offenses during calendar year 1997, including repeated offenses by the same individual. Rate is the number of arrests divided by the estimated number of 10-17 year-olds in 1996, using data prepared by the Office of Data, Research, and Vital Statistics.

Source: Maine Department of Public Safety, Uniform Crime Reports, 1997.

Chelsea Brunetti, Presumpscot School, Portland

Births to married teenaged mothers as a percent of total live births, 1996.

The percent of total live births to married women under age 20 in calendar year 1996. Births are reported by the mother's place of residence at the time of birth.

Source: Maine Department of Human Services, Office of Data, Research, and Vital Statistics.

See also Teen pregnancy rate.

Births to single teenaged mothers as a percent of total live births, 1996.

The percent of total live births to unmarried women under age 20 in calendar year 1996. Births are reported by the mother's place of residence at the time of birth.

Source: Maine Department of Human Services, Office of Data, Research, and Vital Statistics.

Births to unmarried teenaged mothers who have not completed 12 years of school; rate per 1,000 females aged 10-19, five-year average, 1992-1996.

Births to unmarried females aged 10 through 19 who have either not completed high school and are still in school, or who have dropped out of school. The data reflect the mother's place of residence at the time of birth. They are averaged over a five-year period (1992-1996) to smooth out annual fluctuations, and as a rate per 1,000 females aged 10 through 19 residing in the area during the five-year period. Population data used in the denominators to calculate the rates are based on estimates developed by the Office of Data, Research, and Vital Statistics.

Source: Special tabulations by the Maine Department of Human Services, Office of Data, Research, and Vital Statistics.

▲ This indicator has changed from that used in last year's Data Book. Please see each indicator's definition for the exact changes.

BEST COPY AVAILABLE

Child abuse

See: Requests for child abuse and neglect services; Substantiated child abuse and neglect victims.

Child and teen suicides; rate per 100,000 children aged 10-19, five-year average, 1992-1996.

Deaths of children aged 10 through 19 for which suicide was listed as the cause. The data are reported by the childs place of residence, not the place of death. They are averaged over a five-year period (1992-1996) to smooth out annual fluctuations and to protect confidentiality. Population data used in the denominators to calculate the rates are based on estimates developed by the Office of Data, Research, and Vital Statistics. Rates are calculated per 100,000 at the state level to be consistent with standard mortality data reporting practices, per 10,000 at the county level for ease in interpreting relatively rare occurrences and small base populations.

Source: Special tabulations by the Maine Department of Human Services, Office of Data, Research and Vital Statistics; 1996 national rate from National Center for Health Statistics.

See also High school students reporting at least one suicide attempt in the last year.

▲ Child day care, April 1998.

Total licensed slots refers to the number of child care spaces for children available statewide in facilities licensed or certified by the Department of Human Services, Bureau of Child and Familiey Services, in April, 1998. The number of children served refers to the total number of children served through contracted slots and vouchers. The percentage is calculated as the number of children served as a percentage of the total number of licensed and certified slots available. Number of children served in child care contracted slots and child care vouchers have not been previously reported.

Source: Maine Department of Human Services, Office of Child Care and Head Start.

See also Head Start Program.

Child deaths; rate per 100,000 children aged 1-14, five-year average, 1992-1996.

Deaths from all causes to children from ages 1 through 14 per 100,000 children in this age range. The data are reported by the childs place of residence, not the place of death. They are averaged over a five-year period (1992-1996) to smooth out annual fluctuations. Population data used in the denominators to calculate the rates are based on estimates developed by the Office of Data, Research, and Vital Statistics. Rates are calculated per 100,000 at the state level to be consistent with standard mortality data reporting practices, per 10,000 at the county level for ease in interpreting relatively rare occurrences and small base populations.

Source: Special tabulations by the Maine Department of Human Services, Office of Data, Research and Vital Statistics; 1995 national rate from the Annie E. Casey Foundation, *Kids Count Data Book: State Profiles of Child Well-being*, 1998.

See also Infant mortality; Teen deaths; Teen violent deaths.

Child support enforcement, cases with collection, 1995.

The number of families with children for which the state child support enforcement agency successfully collected child support payments due, as a percent of the total number of families on the agencies caseload during state fiscal year 1995. In this year, Maine ranked 4th in the nation in terms of successful cases.

Source: U.S. Department of Health and Human Services, Office of Child Support Enforcement, published in Children's Defense Fund, *The State of America's Children Yearbook 1998*.

Children aged 0-14 using services of licensed alcohol and drug abuse treatment providers; rate per 1,000 children aged 0-14, 1997.

The number of individual children aged birth through 14 using services provided by Maine alcohol and drug abuse treatment facilities with state funding, Driver Education Evaluation Program certification, or certification to dispense methadone, during calendar year 1997. Population data used in the denominator to calculate rates are 1996 estimates developed by the Office of Data, Research, and Vital Statistics.

Source: Maine Addiction Treatment System, Maine Department of Mental Health, Mental Retardation, and Substance Abuse Services.

See also Alcohol-related license suspensions for drivers under age 21; OUI arrests for drivers under age 21; High school students reporting alcohol use within past 30 days; High school students reporting use of inhalants at any time during their life; High school students reporting marijuana use within past 30 days; High school students reporting use of any form of cocaine within past 30 days; Youth aged 15-19 using services of licensed alcohol and drug abuse treatment providers.

▲ Children aged 0-17 in Department of Human Services care or custody; rate per 1,000 children aged 0-17, January, 1998.

Children ordered into Department of Human Services custody as a result of a child protection hearing where the child is found to be in jeopardy, a juvenile hearing where it would be contrary to the childs health and welfare to remain in the care or custody of his parents, or a divorce and/or custody hearing where neither parent has been found able to provide a home in the best interest of the child. Children come into the Department's care when parent or other legal guardians place them voluntarily in that care as part of that parent's short-term plan to resume full care of the children. The rate is calculated per 1,000 children aged birth through 17 using 1996 population estimates developed by the Office of Data, Research, and Vital Statistics. There is an 18 month time span (rather than 12 month) between those figures published in the 1998 and 1999 Data Books.

Source: Maine Department of Human Services, Bureau of Child and Family Services.

Children aged 0-17 living at or below federal poverty line, five-year average, 1993-1997.

The estimated average percent of related children aged birth through 17 who lived in families with incomes below the U.S. poverty threshold during the five-year period 1993-1997. In 1996, the poverty threshold for a family of four (two adults and two children) was $15,911. Related children include the family head's children by birth, marriage, or adoption, as well as other persons aged birth through 17, such as nephews and nieces, who are related to the family head. Children aged birth through 17 who do not live in a household where they are related to the head of the household are not counted. Rate is calculated using census population estimates for all children aged birth through 17. Five-year averages are used to smooth out annual fluctuations due to small sample size.

Source: U.S. Department of Commerce, Bureau of the Census, Current Population Survey (March supplement), 1993-1997; national indicator as published in the Annie E. Casey Foundation, *Kids Count Data Book: State Profiles of Child Well-being*, 1998.

▲ The estimated number and percent of children, age 0-17, that are living in poverty. The data are reported by county.

Source: US Census Bureau, Small Area Income and Poverty Estimates program. These estimates are modeled from combined census estimates, current population survey (CPS), and other administrative and economic data.

See also Jobs that pay a liveable wage; Median household income; Median income of families with children.

● New Indicator

Children aged 0-17 living in homeless or emergency shelters, rate per 1,000 children aged 0-17, March 1998.

Individual children aged birth through 17 staying in one of Maine's homeless or emergency shelters during March of 1998, with or without other family members. This number may include children whose primary residence is out of state. It is also important to note that not all of the states homeless or emergency shelters admit children.

Source: Maine State Housing Authority.

Children aged 0-17 not living with a parent, 1990.

Children aged birth through 17 who did not live in the same household with at least one of their parents in 1990. Parenthood is determined by birth, marriage, or adoption. This figure includes children living in group quarters, such as residential treatment facilities. For a small number of children, it could not be determined from the available data whether or not they were living with a parent. They are counted as not living with a parent. The rate is calculated using 1990 census data.

Source: Population Reference Bureau analysis of the U.S. Department of Commerce, Bureau of the Census, Census of Population and Housing 1990, Summary Tape File 3, Tables P-23, P-26, and P-41.

▲ Children aged 0-17 on TANF in September, 1998.

The total number of children aged birth through 17 who were receiving Temporary Aid to Needy Families in September. TANF is the program that replaced AFDC in 1997.

Source: Maine Department of Human Services, Bureau of Family Independence.

Children aged 0-17 participating in Medicaid, 1997.

The estimated number of individual children aged birth through 17 eligible for Medicaid reimbursement during state fiscal year 1998. The data are reported by the child's county of residence at the time the eligibility was determined. Population data used in the denominator to calculate percentages are 1996 estimates developed by the Office of Data, Research, and Vital Statistics.

Source: Maine Department of Human Services, Bureau of Medical Services.

● Children aged 0-17 receiving Food Stamp benefits in October, 1998.

Total number of children aged birth through 17 who were receiving Food Stamp benefits in October, 1998. Percent is this number divided by the estimated number of children aged 0-17 in Maine developed by the Office of Data, Research, and Vital Statistics.

Source: Maine Department of Human Services, Bureau of Family Independence.

Children aged 0-19 who are white, Asian/ Pacific Islander, American Indian, or African American, 1996 estimated.

Estimated numbers of children aged birth through 19 who fall into the major race groups recognized by the U. S. Census. Hispanic numbers are not included because they are also counted in the four major race groups. Population data used in the denominator to calculate percentages in the 1996 estimate of population from the Census Bureau, which differs slightly from that developed by the Office of Data, Research, and Vital Statistics.

Source: U.S. Department of Commerce, Bureau of the Census, estimates of population by age, sex, and race/Hispanic origin.

Children aged 19 and under in motor vehicle crashes with personal injury, as a percent of all children in motor vehicle crashes, 1997.

All children aged birth through 19 injured in any type of motor vehicle accident, regardless of whether or not the youth was driving the vehicle, as a percent of all children in motor vehicle crashes during calendar year 1997.

Source: Maine Bureau of Highway Safety.

Children aged 5-17 who do not speak English at home, 1990.

The number of children aged 5 through 17 who spoke a language other than English at home as recorded in the 1990 U.S. Census. Children who spoke a language other than English at home are included in this category regardless of their proficiency in English or the primacy of English in the home. Rate is calculated using 1990 Census population data for all 5-17 year-olds.

Source: 1990 Census data as published in *The Challenge of Change: What the 1990 Census Tells Us About Children*, a report prepared by the Population Reference Bureau for the Center for the Study of Social Policy, September 1992, Table 34.

See also Children with limited English proficiency attending school.

Children in single-parent families, three-year average, 1994-1996.

The estimated percent of related children aged birth through 17 who live in families headed by a male or female person without a spouse present in the home. Related children include the family head's children by birth, marriage or adoption, as well as other persons aged 0-17, such as nieces or nephews, who are related to the family head. Children aged 0-17 who do not live in a household where they are related to the head of the household are not included in this count. Rate is calculated using census population estimates.

Source: Population Reference Bureau analysis of data from the U.S. Department of Commerce, Bureau of the Census, Current Population Survey (March supplement), 1994 through 1996 as shown in the Annie E. Casey Foundation, *Kids Count Data Book: State Profiles of Child Well-being*, 1998.

BEST COPY AVAILABLE

▲ This indicator has changed from that used in last year's Data Book. Please see each indicator's definition for the exact changes.

Children living in overcrowded housing, 1990.

The estimated percent of children living in households with more than one person per room. The definition of rooms includes living rooms, dining rooms, kitchens, bedrooms, finished recreation rooms, enclosed porches suitable for year-round use and lodgers rooms. Children living in households with nine or more rooms are assumed to live in housing that is not overcrowded, regardless of the number of people in the household. Rate is calculated using 1990 census population data.

Source: Center for Urban and Economic Research at the University of Louisville, analysis of U.S. Department of commerce, Bureau of the Census, Census of Population and Housing 1990, Five-Percent Public Use Microdata Sample.

Children under age 6 with both or only parent in the labor force, 1990.

Children under age 6 are included in this category if they live with only one parent and that parent is in the labor force (i.e., working or looking for work), or if they live with two parents and both are in the labor force. Parenthood is determined by birth, marriage or adoption. Rates are calculated using 1990 census population data.

Source: 1990 Census data as published in *The Challenge of Change: What the 1990 Census Tells Us About Children*, a report prepared by the Population Reference Bureau for the Center for the Study of Social Policy, September 1992, Tables 21 and 23.

Children under age 18 with both or only parent in the labor force, 1990.

Children under age 18 (including children under age 6) are included in this category if they live with only one parent and that parent is in the labor force (i.e., working or looking for work), or if they live with two parents and both are in the labor force. Parenthood is determined by birth, marriage or adoption. Rates are calculated using 1990 census population data.

Source: 1990 Census data as published in *The Challenge of Change: What the 1990 Census Tells Us About Children*, a report prepared by the Population Reference Bureau for the Center for the Study of Social Policy, September 1992, Tables 21 and 23.

Children with limited English proficiency attending school, 1997-1998 school year, rate per 1,000 students enrolled in public and private schools.

Children attending public or private school in Maine who are determined at the start of the school year to be limited in their ability to use English because it is not their native language.

Source: *Data Collection Report on Language Minority Student Demographics in Maine Schools*, Maine Department of Education, Special Projects Leadership Team, 1997-1998.

See also Children aged 0-19 who are white, Asian/Pacific Islander, American Indian, or African American; Children aged 5-17 who do not speak English at home.

Children with special needs as reported to the Department of Education, 1997 -1998 school year; rate per 1,000 students enrolled in public and private schools.

The number of students enrolled in schools and individual education programs in Maine who are aged 3 through 21 and have disabilities requiring the provision of special education services. The count is taken as of December 1 of the school year and is available on the Department of Education website, www.state.me.us/education/

Source: Maine Department of Education, Division of Special Services.

Children without health insurance, five-year average, 1993-1997.

The estimated percent of related children aged birth through 17 who are not covered by any kind of public or private health insurance, including Medicaid. Related children include a household head's children by birth, marriage or adoption, as well as any other person aged 0-17, such as nieces or nephews, who are related to the household head. Children aged 0-17 who do not live in a household where they are related to the head of the household are not included in this count. Figures shown here represent a five-year average of estimates from 1993 through 1997. Rates are calculated using census population estimates. Five-year averages are calculated to smooth out annual fluctuations due to small sample sizes.

Source: U.S. Department of Commerce, Bureau of the Census, *Current Population Survey* (March supplement), 1993 through 1997.

See also Children aged 0-17 participating in Medicaid.

Chlamydia cases, 10-19 year-olds, rate per 100,000 10-19 year-olds, 1997.

Reported cases of chlamydia among Maine children and adolescents aged 10 through 19 during calendar year 1997 as a percent of total 10-19 year-olds. Rate is calculated using 1996 population estimates developed by the Office of Data, Research, and Vital Statistics.

Source: Maine Department of Human Services, Bureau of Health, HIV/STD Program.

See also Gonorrhea cases, 10-19 year-olds, rate per 100,000 10-19 year-olds; Sexually active high school students who reported using a condom during last intercourse.

Cathy Dowling

BEST COPY AVAILABLE

● New Indicator

Frannie Wheeler Berta

Core mental health professionals, rate per 1,000 children aged 0-19, 1994.

Total number of psychiatrists, psychologists, licensed clinical social workers, marriage and family counselors, and psychiatric nurse specialists registered with the Maine Department of Professional and Financial Regulation. Data are all from 1994 with the exception of psychiatric nurse specialists, which are from 1993. This number does not indicate how many core mental health professionals provide services to children. Rate is calculated using 1994 population estimates developed by the Office of Data, Research, and Vital Statistics.

Source: Tabulation by Muskie School based on data from the Maine Department of Human Services, Office of Data, Research, and Vital Statistics, and the Department of Professional and Financial Regulation.

Crime

See: Arrests for crimes against persons of children aged 0-17; Arrests of children aged 0-17.

Domestic assaults reported to police, rate per 100,000 population, 1997.

Assaults reported to the police which were perpetrated by family or household members who are or were married or living together in a romantic relationship, natural parents of the same child (whether or not the couple ever lived together) or other adult family members related by blood or marriage. These are not unduplicated counts, and may include numerous assaults affecting the same individuals. These numbers also do not indicate the presence of minor children in households where the assaults occurred. Rates are calculated using 1996 population estimates developed by the Office of Data, Research, and Vital Statistics.

Source: Maine Department of Public Safety, Uniform Crime Reports, 1997.

Drug abuse

See: Children aged 0-14 using services of licensed alcohol and drug abuse treatment providers; Students reporting marijuana use within past 30 days; Students reporting use of any form of cocaine within past 30 days; Students reporting use of inhalants at any time during their life; Youth aged 15-19 using services of licensed alcohol and drug abuse treatment providers.

Education

See: Adults aged 18 and over who have completed high school or equivalency; Children with limited English proficiency attending school; Children with special needs as reported to the Department of Education; High school completions; High school dropouts; High school graduates planning to attend post-secondary school; Home-schooled students; Private school enrollment; Public school enrollment.

Families headed by mothers receiving child support or alimony, five-year average, 1993 -1997.

The estimated percent of families headed by a woman with no spouse present and with one or more own children aged birth through 17 receiving either child support or alimony payments during the previous calendar year. Includes those receiving partial payment as well as those receiving full payment. There may be no child support award in place for many of these families. Own children include the family heads children by birth, marriage or adoption. The figures shown here represent an average of data from 1993 through 1997. Rates are calculated using census population estimates.

Source: Population Reference Bureau analysis of data from the U.S. Department of Commerce, Bureau of the Census, Current Population Survey (March supplement), 1993 through 1997, as published in the Annie E. Casey Foundation, *Kids Count Data Book: State Profiles of Child Well-being*, 1998.

See also Child support enforcement, cases with collection.

Family Planning Services, 1998

Number of youth receiving direct services from family planning by age and gender as a percent of all youth aged 10-19 based on 1996 Census estimates.

Source: Ahlers Reporting Data, Unduplicated Count by Age, Table FL-3A, FY 1998 (7/1/97-6/30/98)

General practice dentists, full-time equivalent rate per 1,000 children aged 0-17, 1998.

Full-time equivalent licensed dentists in active general and pediatric practice as of December 1998. One full-time equivalent equals 40 hours of work per week. This number does not indicate how many dentists provide services to children. Rate is calculated using 1996 population estimates developed by the Office of Data, Research, and Vital Statistics. Rate has changed to rate per 1,000 aged 0-17 from 0-19 in previous years.

Source: Maine Department of Human Services, Office of Data, Research, and Vital Statistics, Maine Cooperative Health Manpower Resource Inventory.

Gonorrhea cases, 10-19 year-olds, rates per 100,000 10-19 year-olds, 1996.

Reported cases of gonorrhea among Maine children and adolescents aged 10 through 19 during calendar year 1997 as a percent of total 10-19 year-olds. Rate is calculated using 1996 population estimates developed by the Office of Data, Research, and Vital Statistics.

Source: Maine Department of Human Services, Bureau of Health, HIV/STD Program.

See also Chlamydia cases, 10-19 year-olds, rate per 100,000 10-19 year-olds; Sexually active high school students who reported using a condom during last intercourse.

▲ This indicator has changed from that used in last year's Data Book. Please see each indicator's definition for the exact changes.

Head Start Program, 1998.

Total number of children eligible for Head Start Programs statewide during 1998 state fiscal year. Head Start provides comprehensive child development and supportive services to low income preschool children and their families. Eligible children were estimated by multiplying the number of children under age five in each county by 40 percent to get an estimate of the number of 3-4 year-olds, then multiplying by the percent of children at or below the federal poverty line in that county. Current capacity reflects actual number of current slots available. Unmet need calculated by subtracting the number of slots from the estimate of eligible children.

Source: Maine Department of Human Services, Office of Child Care and Head Start

Health insurance

See: Children without health insurance; Children aged 0-17 participating in Medicaid programs.

High school completions, as a percent of all 17 year-olds, 1996-1997.

Number of high school diplomas granted during the 1996-1997 school year, including persons completing General Equivalency Development (GED) Certificates or receiving diplomas granted through adult education centers. Rate is calculated using 1996 population estimates developed by the Office of Data, Research, and Vital Statistics. Figures are available on the Maine Department of Education Website.

Source: Maine Department of Education, Division of Management Information.

See also Adults aged 18 and over who have completed high school or equivalency.

High school graduates planning to attend post-secondary school, 1996-1997 school year.

High school graduates who intend to or are enrolled full or part time in post-secondary education, according to a survey administered by the local educational unit and submitted in the fall following graduation. Numbers include graduates from public high schools and those private high schools with at least 60% publicly-funded students. The rate is calculated as a percent of all students graduating, including regular diploma, other diploma, high school equivalency, or certificate of completion during the previous school year or subsequent summer school. The national rate reports the actual number of high school seniors who enrolled in any post-secondary education institution within two years of their scheduled graduation in 1992.

Source: Maine Department of Education, Division of Management Information; national rate from U.S. Department of Education, *The Condition of Education 1997*, Http:nces.ed.gov/pubs/ce/c9709a01.html

High school dropouts, 1996-1997 school year.

Any person who has withdrawn or been expelled from high school before graduation or completion of a program of studies and who has not enrolled in another educational institution or program. Each local educational unit submits a dropout report to the Department of Education as of the last day of school, counting all students who dropped out during the previous calendar year. Numbers include dropouts from public high schools and those private high schools with at least 60% publicly-funded students. The rate is calculated as a percent of all students enrolled in grades 9-12 during the school year.

Source: Maine Department of Education, Division of Management Information.

High school students reporting alcohol use within past 30 days, 1997.

Percent of high school students responding to the spring 1997 Maine Youth Risk Behavior Survey who indicated that they had at least one drink of alcohol on one or more of the past 30 days. This information comes from a survey that used somewhat different questions than the one cited in the 1997 Maine Kids Count Databook, so comparisons must be made with caution.

Source: Maine Department of Education, Bureau of Instruction, *1997 Maine Youth Risk Behavior Survey Report*.

High school students reporting at least one suicide attempt in the last year, 1997.

Percent of high school students responding to the spring 1997 Maine Youth Risk Behavior Survey who indicated that they actually attempted suicide one or more times during the previous 12 months.

Source: Maine Department of Education, Bureau of Instruction, *1997 Maine Youth Risk Behavior Survey Report*.

High school students reporting cigarette smoking within past 30 days, 1997.

Percent of high school students responding to the spring 1997 Maine Youth Risk Behavior Survey who indicated that they had smoked cigarettes on one or more of the past 30 days. This information comes from a survey that used somewhat different questions than the one cited in the 1997 Maine Kids Count Databook, so comparisons must be made with caution.

Source: Maine Department of Education, Bureau of Instruction, *1997 Maine Youth Risk Behavior Survey Report*.

High school students reporting marijuana use within past 30 days, 1997.

Percent of high school students responding to the spring 1997 Maine Youth Risk Behavior Survey who indicated that they had used marijuana one or more times during the past 30 days. This information comes from a survey that used somewhat different questions than the one cited in the 1997 Maine Kids Count Databook, so comparisons must be made with caution.

Source: Maine Department of Education, Bureau of Instruction, 1997 Maine Youth Risk Behavior Survey Report.

High school students reporting use of any form of cocaine within past 30 days, 1997.

Percent of high school students responding to the spring 1997 Maine Youth Risk Behavior Survey who indicated that they had used any form of cocaine, including powder, crack, or freebase one or more times during the past 30 days.

Source: Maine Department of Education, Bureau of Instruction, *1997 Maine Youth Risk Behavior Survey Report*.

High school students reporting use of inhalants at any time during their life, 1997.

Percent of high school students responding to the spring 1997 Maine Youth Risk Behavior Survey who indicated that they had sniffed glue, breathed the contents of aerosol spray cans, or inhaled any paint or spray to get high during their life. This information comes from a survey that used somewhat different questions than the one cited in the 1997 Maine Kids Count Databook, so comparisons must be made with caution.

Source: Maine Department of Education, Bureau of Instruction, *1997 Maine Youth Risk Behavior Survey Report*.

BEST COPY AVAILABLE

● New Indicator

High school students who visited a health professional during the past 12 months, 1995.

Percent of high school students responding to the spring 1995 Maine Youth Risk Behavior Survey who indicated that they visited health professional one or more times during the previous 12 months. This question was not asked on the 1997 survey.

Source: Maine Department of Education, Bureau of Instruction, *1995 Maine Youth Risk Behavior Survey Report*.

Home-schooled students, 1997 annual average.

The number of students approved for home schooling for the 1997 year as reported to the Maine Department of Education by school superintendents.

Source: Maine Department of Education, Division of Management Information.

▲ Hospital discharges of children 0-19 for mental health and substance abuse diagnoses, per 1,000 children aged 0-17, 1996.

The number of hospital discharges of patients aged birth through 19 for mental health or substance abuse, per 1,000 children aged 0-19. The number of hospital discharges of patients birth through age 19 treated in Maine hospitals and discharged with mental health and substance abuse diagnoses (MDC 19 and 20, DRGs 424 through 437). These data count hospitalizations and not individual children.

Source: Maine Uniform Hospital Discharge Data Set, Maine Health Information Center special run. Rates are calculated using 1996 population estimates developed by the Office of Data, Research, and Vital Statistics.

Source: Maine Health Data Organization special data run.

Infant mortality; rate per 1,000 live births, five-year average, 1992-1996.

Deaths of infants under 1 year of age in comparison to live births occurring during the same time period. The data are reported by place of residence, not place of death. They are averaged over a five-year period (1992-1996) to smooth out annual fluctuations. Population data used in the denominators to calculate rates are based on birth records filed with the Office of Data, Research, and Vital Statistics.

Source: Maine Department of Human Services, Office of Data, Research and Vital Statistics; 1996 national rate from Federal Interagency Forum on Child and Family Statistics, *America's Children: Key National Indicators of Well-Being*, 1998.

Jobs that pay a liveable wage, 1997.

The number of jobs in Maine that paid a liveable wage for a family of two (assuming a single wage-earner) as a percent of total jobs in calendar year 1997. A liveable wage is defined as 85% above the federal poverty line. In 1997, this amounted to $19,375 for a family of two.

Source: Maine Development Foundation analysis based on Maine Department of Labor, Division of Labor Market Information Services, ES-2-2, Covered Employment and Wages Program.

Live births for which prenatal care began in the first trimester, 1996.

Number of live births occurring in calendar year 1996 for which the mother began receiving prenatal care during the first three months of pregnancy. Population data used in the denominators to calculate rates are based on birth records filed with the Office of Data, Research, and Vital Statistics. This indicator is often used as a measure of access to prenatal care, or to primary care in general.

Source: Maine Depart. of Human Services, Office of Data, Research, and Vital Statistics; 1996 national rate from *Report of Final Natality Statistics, 1996*. Monthly Vital Statistics Report; Vol. 46, No. 11, National Center for Health Statistics, CDC.

Low birthweight infants; live births under 2500 grams (5.5 pounds), as a percent of all live births, 1996.

Live births occurring in calendar year 1996 in which the newborn weighed less than 2500 grams, as a percent of total live births. Population data used in the denominators to calculate rates are based on birth records filed with the Office of Data, Research, and Vital Statistics.

Source: Maine Department of Human Services, Office of Data, Research and Vital Statistics; 1996 national rate from Federal Interagency Forum on Child and Family Statistics, *America's Children: Key National Indicators of Well-Being*, 1998.

Median income of families with children, 1995.

The estimated median annual income for families with related children aged birth through 17 living in the household. Related children include the family heads children by birth, marriage, or adoption, as well as other persons aged 0-17, such as nieces and nephews, who are related to the family head and living in the household. The median income is the dollar amount which divides the income distribution into two equal groups – half with income above the median and half with income below it. The figures shown represent an average of estimates from 1992 to 1996, based on surveys of a sample of Maine households. Although we refer to data collected in March 1995 as 1995 data, they actually reflect 1994 income. Therefore, figures are expressed in 1994 dollars. Rate is calculated using census population estimates.

Source: Population Reference Bureau analysis of the U.S. Department of commerce, Bureau of the Census, Current Population Survey (March supplement), 1992 through 1996, as published in the Annie E. Casey Foundation, *Kids Count Data Book: State Profiles of Child Well-being*, 1998.

See also Children aged 0-17 living at or below federal poverty line.

Median household income, 1996.

The median household income is the dollar amount which falls in the middle of the range of household income distribution. Half of households have income above the median, the other half have income below it. This figure counts the income from all sources of the head of household and all other persons aged 15 and over in the household, whether related to the head of household or not. Figures are based on estimates from a survey of a sample of Maine households.

Source: U.S. Department of Commerce, Bureau of the Census, Current Population Reports, Series P60-188, *Income, Poverty, and Valuation of Noncash Benefits: 1996*, Table D.

Medicaid Early Periodic Screening, Diagnostic, and Treatment Services, eligible children under age 21 receiving at least one initial or periodic screening service, as a percent of those who should, 1997.

The number of eligible Medicaid recipients receiving at least one initial or periodic screening service offered through the Medicaid Programs Preventive Health Program (PHP) as a percent of the total number of Medicaid eligible children who should receive at least one initial or periodic screening service. These services include age-appropriate immunizations; lead screenings, monitoring and investigations; treatment for defects in hearing and vision; and dental care needed for the relief of pain and infections, restoration of teeth and maintenance of dental health.

Source: Maine Department of Human Services, Bureau of Medical Services, Form HCFA-416: Annual EPSDT Participation Report.

BEST COPY AVAILABLE

▲ This indicator has changed from that used in last year's Data Book. Please see each indicator's definition for the exact changes.

OUI arrests for drivers under age 21, rate per 1,000 licensed drivers under age 21, 1997.

Arrests of Maine drivers under age 21 for Operating Under the Influence (driving with a blood alcohol concentration of .08 percent by weight). OUI includes being under the influence of alcohol, a drug or drugs other than alcohol, or any combination of alcohol and one or more drugs other than alcohol. The blood alcohol concentration is measured as a percent by weight of alcohol in the blood.

Source: Maine Bureau of Highway Safety.

See also Alcohol-related license suspensions for drivers under age 21.

Pediatricians, family practitioners, and general practitioners (MDs and DOs); full-time equivalent rate per 1,000 children aged 0-19, 1997.

Full-time equivalent licensed pediatricians, family practitioners, and general practitioners (allopaths and osteopaths) registered with the Maine Department of Professional and Financial Regulation in 1996. One full-time equivalent equals 40 hours of work per week. This number does not indicate how many family practitioners and general practitioners provide services to children. Rates are calculated using 1996 population estimates developed by the Office of Data, Research, and Vital Statistics.

Source: Maine Department of Human Services, Office of Data, Research, and Vital Statistics; Maine Cooperative Health Manpower Resource Inventory.

Private school enrollment, Fall 1997.

Maine students enrolled in private schools as of October 1, as reported by the local educational unit. These numbers include publicly-funded students enrolled in private schools.

Source: Maine Department of Education, Division of Management Information.

Public school enrollment, Fall 1997.

Maine students enrolled in public schools as of October 1, as reported by the local educational unit.

Source: Maine Department of Education, Division of Management Information.

Recipients of WIC benefits, 1997.

Number of individuals receiving WIC benefits during calendar year 1997. WIC (Women's, Infants' and Children's Supplemental Nutrition Program) provides specific nutritious foods and nutrition education to low income pregnant and breast feeding women, infants and children up to the age of five. Recipients must be at or below 185% of federal poverty guidelines and be at medical or nutritional risk. Rate is calculated using 1996 population estimates developed by the Office of Data, Research, and Vital Statistics.

Source: Maine Department of Human Services, WIC Program, special data run.

Repeat teen pregnancies as a percent of total teen pregnancies, 1996.

The percent of females under age 20 who became pregnant during calendar year 1996 who had already been pregnant at least once before in their lives.

Source: Special tabulations by Maine Department of Human Services, Office of Data, Research, and Vital Statistics.

Ann Woloson

Requests for child abuse and neglect services, 1997.

Any written or verbal requests made during calendar year 1997 for Child Protective Services intervention in a family situation on behalf of a child in order to assess or resolve problems being presented. Cases are screened out when evidence of serious family problems or dysfunction was evident but the situation did not contain an allegation of abuse or neglect. Cases deemed appropriate for referral meet the standards contained in 22 MRSA, 4002 as defined under the definition for substantiated child abuse and neglect victims. Appropriate referrals not assigned due to lack of resources refers to the Department of Human Services ability to respond to referrals of child abuse and neglect based on factors such as the number of caseworkers, the seriousness or complexity of cases receiving services and the availability of resources. Current staff resources are not sufficient for the Department to assign all of the referrals it receives for Child Protective Services. The allegations of these referrals warrant Child Protective Services intervention but are not assigned because the office has reached the upper limits of its capacity to investigate and assess.

Source: Maine Department of Human Services, Bureau of Child and Family Services, Child Protective Services.

See also Substantiated child abuse and neglect victims; rate per 1,000 children aged 0-17.

School children receiving subsidized school lunches, 1997-1998 school year.

The National School Lunch Program is a meal entitlement plan primarily funded through federal dollars. All elementary and junior high schools are required to participate in the program. In Maine, high schools have the option of participating. Children are eligible for free school lunches if their family income does not exceed 130% of poverty level. They are eligible for reduced price school lunches if their family income falls between 130% and 185% of poverty level. Student eligibility for the program is a measure of change in the poverty status of children. Rates are calculated as a percent of total school enrollees.

Source: Maine Department of Education, School Nutrition Program.

● New Indicator

Sexually active high school students who reported using a condom during last intercourse, 1997.

Percent of high school students responding to the spring 1997 Maine Youth Risk Behavior Survey who indicated that they were sexually active and who said they used a condom during their most recent intercourse.

Source: Maine Department of Education, Bureau of Instruction, *1997 Maine Youth Risk Behavior Survey Report*.

See also Chlamydia cases, 10-19 year-olds, rate per 100,000 10-19 year-olds; Gonorrhea cases, 10-19 year-olds, rate per 100,000 10-19 year-olds.

▲ State TANF and Food Stamp benefits as a percent of poverty line in 1997.

The percent of the prior years U.S. poverty threshold for a one-parent family of three persons covered by the combination of current-year state TANF (Temporary Aid to Needy Families) Food Stamp benefits.

Source: Data are provided by the Congressional Research Service, Education and Public Welfare Division, Library of Congress, as shown in the Children's Defense Fund, *The State of America's Children Yearbook 1997*.

See also Children aged 0-17 on TANF.

Substantiated child abuse and neglect victims; rate per 1,000 children aged 0-17, 1997.

The number of individual victims of child abuse and neglect in calendar year 1997 for whom assessment led to a finding of a threat to a child's health or welfare by physical, mental or emotional injury or impairment, sexual abuse or exploitation, deprivation of essential needs or lack of protection from these by a person responsible for the child (22 M.R.S.A. 4002).

These numbers are affected by the Department of Human Services' ability to respond to referrals of child abuse or neglect based on factors such as the number of caseworkers, the seriousness or complexity of the cases receiving services, and the availability of resources. Current staff resources are not sufficient for the Department to assign all of the referrals it receives.

Source: Maine Department of Human Services, Bureau of Child and Family Services, Child Protective Services; 1996 national rate from U.S. Department of Health and Human Services, *Child Maltreatment 1996: Reports From the States to the National Child Abuse and Neglect Data System*.

Suicide

See: Child and teen suicides.

Teen deaths; rate per 100,000 children aged 15-19, five-year average, 1992-1996.

The number of deaths from all causes to children aged 15 through 19. The data are reported by the childs place of residence, not the place of death. They are averaged over a five-year period (1992-1996) to smooth out annual fluctuations. Population data used in the denominators to calculate the rates are based on estimates developed by the Office of Data, Research, and Vital Statistics. Rates are calculated per 100,000 at the state level to be consistent with standard mortality data reporting practices, per 10,000 at the county level for ease in interpreting relatively rare occurrences and small base populations.

Source: Special tabulations by the Maine Department of Human Services, Office of Data, Research and Vital Statistics; 1996 national data published in Federal Interagency Forum on Child and Family Statistics, *America's Children: Key National Indicators of Well-Being, 1998*.

Teen pregnancy, rate per 1,000 females aged 10-17, 1996.

All reported live births, induced abortions, and fetal deaths occurring to females aged 10 through 17 during calendar year 1996. The rate is calculated using a denominator of the 1996 population of 10-17 year-old females estimated by the Office of Data, Research, and Vital Statistics.

Source: Maine Department of Human Services, Office of Data, Research and Vital Statistics.

Teens aged 16-19 not in school and not in the labor force, three-year average, 1994-1996.

Estimated percent of all teens aged 16 through 19 who are not enrolled in school full or part time, and not employed full or part time. Three-year averages are used to reduce fluctuations due to sampling error.

Source: Special tabulations of Current Population Survey microdata prepared by the Bureau of Labor Statistics, as published in the Annie E. Casey Foundation, *Kids Count Data Book: State Profiles of Child Well-being, 1998*.

Teens aged 16-19 not in school and not high school graduates, three-year average, 1993 - 1995.

A reflection of educational performance, this measure is based on the twelve-months Current Population Survey (CPS) file maintained by the Bureau of Labor Statistics (BLS). Each month the CPS asks respondents in about 60,000 households nationwide about their activities related to the labor force and education. For this indicator, a percentage is calculated based on nine months of data (September through May) for each year. Three-year averages were used to reduce fluctuation due to sampling error.

Source: Special tabulations of Current Population Survey microdata prepared by the Bureau of Labor Statistics, as published in the Annie E. Casey Foundation, *Kids Count Data Book: State Profiles of Child Well-being, 1997*.

Teens aged 19 and under receiving services from family planning providers, 1997.

Unduplicated client counts of Maine teens, male and female, aged 15 through 19, who received services at family planning clinics during the 1997 state fiscal year. Such services include annual exams; contraceptive counseling and administration; breast and pelvic exams; pap smears; pregnancy testing; STD testing and treatment; and treatment of infections.

Source: Family Planning Association of Maine, Ahlers Reporting System, fiscal year 1997, page 4, Table FL-3A, Unduplicated Client Counts by Age, CVR Item #21.

Teen violent deaths; rate per 100,000 children aged 15-19, 1992-1996.

Deaths caused by homicide, suicide, and accidents to children aged 15 through 19. The data are reported by the childs place of residence, not the place where the death occurred. Population data used in the denominators to calculate the rates are based estimates developed by the Office of Data, Research, and Vital Statistics. Rates are calculated per 100,000 at the state level to be consistent with standard mortality data reporting practices, per 10,000 at the county level for ease in interpreting relatively rare occurrences and small base populations.

Source: Special tabulations, Maine Department of Human Services, Office of Data, Research, and Vital Statistics; 1995 national rate from Annie E. Casey Foundation, *Kids Count Data Book: State Profiles of Child Well-being, 1998*.

BEST COPY AVAILABLE

▲ This indicator has changed from that used in last year's Data Book. Please see each indicator's definition for the exact changes.

John Shoos

Total population, 1996 estimated.

Total number of individuals by age are estimated by extrapolating from the 1990 census, taking into account births, deaths, and net migration.

Source: Estimates prepared by the Maine Department of Human Services, Office of Data, Research, and Vital Statistics.

Two-year-olds who were age-appropriately immunized, 1997.

Immunization rates are estimated from retrospective surveys of five-year-olds entering a representative sample of Maine schools each year. According to current state recommendations, two-year-olds should have had 4 DPT (diphtheria, tetanus, pertussis) vaccines, 3 OPVs (oral polio vaccines), and 1 MMR (measles, mumps, rubella) vaccine. For a child to receive these immunizations, a minimum of 4 well-child visits to a health care professional is necessary.

Source: Maine Department of Human Services, Immunization Program; 1996 national data published in Federal Interagency Forum on Child and Family Statistics, *America's Children: Key National Indicators of Well-Being*, 1998.

Unemployed persons aged 16 and over, annual average, 1997.

The sum of the number of unemployed people aged 16 and over each month of the year 1997, divided by 12. Percent is the average number of unemployed people divided by the average number of people in the civilian labor force. Data are not seasonally adjusted.

Source: Maine Department of Labor, Division of Economic Analysis and Research, in cooperation with the US Bureau of Labor Statistics.

Unemployed persons aged 16-19, annual average, 1997.

The estimated average percent of Maine 16 through 19 year-olds in the civilian labor force but not employed during calendar year 1994. This includes 16 through 19 year-olds still enrolled in school who also consider themselves to be in the labor force.

Source: U.S. Bureau of the Census, Current Population Survey.

Well child clinic visits by children under age 21, 1997.

Total number of well child clinic visits provided statewide to children under age 21 by public health nurses or agencies contracted by the Division of Community and Family Health during the 1997 state fiscal year. Data is based on visits, not individuals, so children who had more than one visit in the year are counted multiple times. A visit, however, may include more than one type of service, e.g. screening for lead poisoning and immunization. Services provided during well child visits may also include periodic preventive and diagnostic exams, hearing and vision screening, referral counseling, and some sick care.

Source: Maine Department of Human Services, Bureau of Health, Division of Community and Family Health.

Women in labor force with youngest child under age 6, 1990.

The number of women aged 16 and over (regardless of marital status) whose youngest child is under age 6, and who are in the paid labor force. Rates are calculated as a percent of all women aged 16 and over whose youngest child is under age 6, using census population data. These figures are corrected from those shown in earlier editions of the Maine Kids Count Databook.

Source: 1990 Census data as published on the Census Bureau website (http://venus.census.gov/cdrom/lookup).

Women in labor force with youngest child ages 6 to 17, 1990.

The number of women aged 16 and over (regardless of marital status) whose youngest child is between ages 6 and 17, and who are in the paid labor force. Rates are calculated as a percent of all women aged 16 and over whose youngest child is between the ages of 6 and 17. These figures are corrected from those shown in earlier editions of the Maine Kids Count Databook.

Source: 1990 Census data as published on the Census Bureau website (http://venus.census.gov/cdrom/lookup).

Youth aged 15-19 using services of licensed alcohol and drug abuse treatment providers; rate per 1,000 youth aged 15-19, 1996.

The number of individual youth aged 15 through 19 using services provided by Maine alcohol and drug abuse treatment facilities with state funding, Driver Education Evaluation Program certification, or certification to dispense methadone, during calendar year 1996. Population data used in the denominator to calculate rates are 1995 estimates developed by Office of Data, Research, and Vital Statistics.

Source: Maine Addiction Treatment System, Maine Department of Mental Health, Mental Retardation, and Substance Abuse Services.

See also Alcohol-related license suspensions for drivers under age 21; Children aged 0-14 using services of licensed alcohol and drug abuse treatment providers; OUI arrests for drivers under age 21; High school students reporting alcohol use within past 30 days; High school students reporting use of inhalants at any time during their life; High school students reporting marijuana use within past 30 days; High school students reporting use of any form of cocaine within past 30 days.

● New Indicator

INDEX

Please note: Many indicators are listed as state-wide and/or at the county level. Please be sure to also check the individual county page for any of the indicators/information listed in this index.

Androscoggin County 28
Aroostook County 30
Arrests of Youth 17, 25
Child Care 19, 20
Child Deaths 14
Child Health Care Access Project 4
Child Support 19
Children: ages and numbers 26
Children w/ Limited English Proficiency 21
Community and Family Environment 16, 17
Counties: see each listed alphabetically
Cub Care 5
Cumberland County 32
Data Uses 2
Definitions and Data Sources 58
Dental Care 13
Domestic Assaults 17, 23
Education 20, 21
Emergency Room Utilization 10, 11
Ethnicity 26
Expanded Medicaid 5
Food Stamps 19
Franklin County 34
Funders i
Hancock County 36
Head Start 21
Health Care Related Indicators 14
Health Insurance 4, 14
High School Dropouts 21
Homelessness 17
Income 19
Immunizations 14, 15, 23
Infant Mortality 23
Jobs That Pay a Livable Wage 18, 19
Kennebec County 38
Knox County 40
Low Birth Weight Infants 14, 15,
Lincoln County 42
Maine Dental Access Coalition 13
Medicaid 5, 14, 15
Medicaid Application 7
Mental Health Professionals 14
Motor vehicle Crashes 14
Order Form 69
OUI Arrests and Suspensions 17
Oxford County 44
Pediatricians 14
Penobscot County 46
Physical and Mental Health 14,15
Piscataquis County 48
Population (totals) ..... 26 *(also, see each county)*
Poverty 19
Prenatal Care 14, 15
Private School Enrollment 21
Public School Enrollment 21
References 13
Rural Health Research Initiative 10
Sagadohoc County 50
Sexual Activity 14
Sexually Transmitted Diseases 14
Social and Economic Opportunities 18, 19
Somerset County 52
Special Needs 21, 25
State Child Health Insurance Program 5
State-wide indicators 26
Substance Abuse 15, 16
Suicide 14, 23
Teen Pregnancy ..... 14 , 24
Temporary Assistance for Needy Families (TANF) 19
Trend Data 23
Uninsured Children 4
Unemployment 19
Waldo County 54
Washington County 56
WIC 19
Women in the Labor Force 19
York County 58

Index

7S BEST COPY AVAILABLE

User Survey Form 1999

The 1999 Maine KIDS COUNT Data Book provides policymakers and citizens with the best available data on the well-being of children in the state of Maine. As users of the Data Book, **you** are the best resource we have for meeting your needs and the needs of our kids. By completing and returning this survey, you can help us improve the format, content, and distribution of the 1999 Maine KIDS COUNT Data Book which, in turn, will provide you with a clearer picture in the future. *Thank you for your time and interest: please turn form over to mail.*

1. Which of the following best describes your area of work? (Please check only one)

University Faculty or Staff	Secondary Education	Elected Official
Government Agency	Private Business	Health Care
Judicial System	Media	Non-Profit
Research	Elementary Education	School Counselor
Faith Community	Job Training	Library Services
Other _____		

2. Which of the following best describes your job duties? (Please check only one)

Exec. Mgmt/Administrator	Research Analysis	Service/Program Provider
Marketing/PR	Educator/Trainer	Elected/Appointed Official
Other _____		

3. How did you find out about Maine KIDS COUNT? (Please check only one)

Newspaper	Television	Internet
Word of Mouth	Advisory Board Member	Professional Assoc./Org.
Other _____		Advocacy Organization

4. How will you use the data in the Data Book? (Please check all that apply)

Research	Grant Writing	General Information
Needs Assessment	Resource Allocation	Community Organizing
Other _____		Planning & Policy Develop.

5. How often do you anticipate using your Data Book?

One Time Use	Daily	Weekly
Monthly	Occasionally	

6. Does the 1999 Maine KIDS COUNT Data Book meet your needs?

Yes No

If No, why not? _____

7. What additional information would you like to see in future Data Books? If you are aware of sources for data, please indicate.

_____

_____

8. What have you been able to accomplish with the information provided in the Maine KIDS COUNT Data Book?

_____

_____

Order & Mailing Form

To **join** the Maine Children's Alliance, **order** more 1999 Maine KIDS COUNT Data Books, and/or **return the 1999 Survey Form**, please mail or fax this page and the reverse to:

MAINE CHILDREN'S ALLIANCE
PO Box 2446 Augusta, ME 04338
(207) 623-1868 (207) 626-3302/fax email:MAINEKIDS1@aol.com

☐ Please send me ____ Maine KIDS COUNT 1999 Data Book(s). I enclose $10.00 for each book ordered (includes postage).

☐ I would like to join the Maine Children's Alliance. I have enclosed $25.00 for annual membership. Membership benefits include a copy of the 1998 Data Book. Additional copies are available at $10.00 each.

☐ Please place me on your mailing list to receive notification of the Maine KIDS COUNT 2000 Data Book.

Name

Address

City/Town State Zip

Telephone

Return Address:

_____
_____
_____

Maine KIDS COUNT Data Book
c/o Maine Children's Alliance
P.O. Box 2446
Augusta, ME 04338-2446

The Maine Children's Alliance gratefully acknowledges the following individuals and organizations who have contributed to the 1999 Maine KIDS COUNT Data Book and/or who have participated in the Child Health Care Access Project:

Mary Anderson, *Maine Department of Public Safety*
Ron Bansmer, *Maine Department of Human Services*
Jennifer Baratz, *Annie E. Casey Foundation*
Dr. Barney Berube, *Maine Department of Education*
Francine Brown, *Annie E. Casey Foundation*
Jane Bryson, *Maine Department of Human Services*
Roger Carpenter, *Maine Department of Labor*
Timothy Clifford, M.D., *Maine Department of Human Services*
Jamie Clough, *Maine Department of Mental Health, Mental Retardation, and Substance Abuse Services*
Jack Comart, *Pine Tree Legal Assistance, Inc.*
Jane Connors, *Maine Department of Human Services*
Brenda Corkum, *Maine Department of Human Services*
Vickie Cunningham, *Maine Health Data Organization*
Joe Dalaker, *U.S. Department of Commerce, Bureau of the Census*
Sue Downs, *Maine Department of Human Services*
Susan Dustin, *Maine Department of Human Services*
Judith Feinstein, *Maine Department of Human Services*
Francis Finnegan, *Maine Department of Human Services*
Joni Foster, *Maine Department of Education*
Carol Frace, *Lincoln School, Augusta*
Debby French, *Maine Bureau of Motor Vehicles*
Craig Freshley, *Maine Development Foundation*
Kim Hagan, *Maine Department of Human Services*
Dana Hall, *Maine Department of Human Services*
DeEtte Hall, *Maine Department of Human Services*
Christine Hastedt, *Maine Equal Justice Project*
Ruth Hefron, *Maine Community Foundation*
Robert Holmberg, M.D., *Norumbega Pediatrics*
John Kierstead, *Maine Department of Education*
Nancy Lamarre, *Lincoln School*
Doug Libby, *Maine Health Management Coalition*
Maine Dental Association
Mike Martin, *Maine Department of Human Services*
Francis Miliano, *Maine Dental Association*
Lisa Miller, *Bingham Program*
Dora Anne Mills MD, *Maine Bureau of Health*
Mary Moody, *Maine Department of Education*
Beth Nielson, *Maine Department of Human Services*

Alana Burns

William O'Hare PhD, *Annie E. Casey Foundation*
Cary Olson, Fleet Bank of Maine
State Representative Judy Peavey
Rachel Pohl, *Jessie B. Cox Charitable Trust*
Lisa Pohlman, *Maine Center on Economic Policy*
Bonnie Post, *Maine Ambulatory Care Coalition*
Al Prysumska, *Maine Health Data Organization*
Valerie Ricker, *Maine Department of Human Services*
Burtt Richardson, M.D., *Winthrop Pediatrics*
Gladys Richardson, *Winthrop Pediatrics*
Sydney Sewall MD, *Kennebec Pediatrics*
Elizabeth Shorr, *Blue Cross and Blue Shield of Maine*
Gordon Smith, *Maine Medical Association*
William Solomon MD, *Maine Chapter, American Academy of Pediatrics*
Howard Spivak, M.D. *The Bingham Program, New England Medical Center*
Alton Sutherland, *Maine Department of Education*
Nanci Stein, *Family Planning Association of Maine*
Dianne Stetson, *Maine Department of Human Services*
David Travers, *Muskie School of Public Service*
Eleanor Vien, *Northeast Delta Dental*
Kathleen Walker, *Northeast Delta Dental*
Jude Walsh, *Maine Department of Human Services*
Paula Weber, *Maine State Housing Authority*
David Wilson, *Maine Department of Human Services*
Federicka Wolman, M.D., *Maine Department of Human Services*

The Maine KIDS COUNT 1999 Data Book is generously funded by

The Annie E. Casey Foundation

Jessie B. Cox Charitable Trust

MAINE COMMUNITY FOUNDATION

Fleet

Blue Cross Blue Shield of Maine

DELTA DENTAL

Harvard Pilgrim Health Care

Bangor Daily News

Children's

PO Box 2446 · Augusta, Maine 04338
(207) 623-1868 · (207) 626-3302 fax · MAINEKIDS1@aol.com · www.Mekids.org

BEST COPY AVAILABLE